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ABSTRACT

A cognition theory of learning is described based on information processing analyses of representations of knowledge in long term, intermediate term, and short term memory. An application of the theory is presented for an example of algebra. It is emphasized that learning is not simply a stamping in, through repetition, of simple links. The associations are complex. Some are related to our use of language; verbal instructions are an important means by which a teacher communicates. Some of the associations involve actions that have perceptual and motor components. By gaining control of the instantaneous attention of the student, we are in a position to directly influence his construction of knowledge. This is the goal of a cognitive theory of learning. (Author/RC)

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June, 1975

Content and Structure in Learning

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By the time a student is ready to apply the quadratic formula to a problem like $5x + x^2 = -6$, he has, as the expression goes, forgotten more about number lines than many of us will ever know. Much of the specific learning in grades 2 or 3 that went into the development of his current collection of mathematical wisdom has been lost by grades 9 or 10. He has committed to long term memory multiplication tables, the basic operations of addition, subtraction, and division. He may still have some trouble with the notation system whereby the variable x stands for some indefinite quantity. He may also ask why learn this formula, since there is no immediate application of it. Perhaps only later, in analytic geometry, will the relationships take on visual or spatial meaning to him. He will, however, have some very direct and recent information about the roots of the equation and factoring.

$$(x + 2)(x + 3) = x^2 + 5x + 6 \quad (1)$$

He will be struggling to discover the relationship between factoring and the quadratic formula.

$$x + \frac{-b \pm \sqrt{b^2 - 4ac}}{2a} \quad (2)$$

What does it mean to say that a student has learned the quadratic formula? Is it when he can reproduce, after a period of time, those symbols in written form? Is it when he can produce the verbal symbolic equivalent, "x equals minus b plus or minus the square root of b-squared minus 4 a c, all over 2 a." We would additionally expect the student to demonstrate his knowledge of the quadratic formula by solving some problems. Associated with the symbolic content of the formula are some rules for its application. Where do the values of a, b, and c come from? Each problem must be put into canonical form. The basic arithmetic operations must be carried out correctly. In order to map problem onto a formula and to perform the steps in its solution, the student must have a specific plan for executing the sequence of steps. He has to keep track of his place. He has to remember intermediate products of his calculations. The short term memory, which we will here call the immediate processor, is not an automatic, guaranteed, all-purpose calculator. The student must learn to manage the short-term memory limitations of this bottle-neck in the human information processing system.

Three Domains of Memory

What we mean by content and structure in learning is essentially the three domains implied by the kinds of information that must be in the student's memory, as described in the example. The first domain deals with the representation of knowledge in long-term memory (LTM). The second involves the acquisition of specific sequences of skilled performance, in what we will call working memory; and the third, the control of attention in short term or immediate memory.

Representation of Knowledge in LTM

Recently there has been a great deal of interest in psychology and in artificial intelligence in the way to represent ideas and concepts in long term semantic memory. One result of the computer revolution is that more psychologists than care to admit it have become associationists. Anderson and Bower (1974) develop the point, arguing that the only way new information can get into the memory system is to link it to old information already present in the memory.

Although there is no conceivable way to test directly the precise form of internation representations, in the abstract it is possible to show relationships by means of node-linked memory diagrams. These are directed graphs where the nodes are undefined, the links are relations, and primitive

Insert Figure 1 about here

elements have specific experiential counterparts. Links specify the types of relations between nodes in the semantic memory. For us, nodes roughly correspond to concepts in the long term memory system. Many of these, certainly the ones we can talk about, are word concepts and hence have symbolic names, words, in language. In general, most of the relations are based on an analysis of the logical structure of language and of naturalistic taxonomies. Most of these representations of knowledge are tied to verbs, which drive the representation of meaning.

The very long term memory is closely related to the kinds of formalization that our language allows, and the content is that set of word

concepts, organized in terms of semantic relations. The content of long term memory is wisdom. This representation of knowledge comprises the bulk of the information available for problem solving and intentional learning. After all, this is the accessible information that we have.

At a later time, the student may ask, "Let me see, can I remember the quadratic formula?" If there is a node in the long term memory structure, and if either the orthographic generator or phonemic generator remains intact, then that formula can be retrieved and used.

When we acquire specific cognitive skills, concrete representations of information are put together. When the student commits to memory that formula, when he does his homework, applying the formula to individual problems, when he "remembers" the answer, when he recalls the formula under the particular circumstances of a midterm examination; each of these specific experiences with the quadratic formula provides an opportunity for establishing meaningful, i.e., semantic, relations to already formed cognitive structures. Linguists such as Eve Clark (1973) describe the growth of full word concepts as the acquisition of semantic features. Just what these may be, in the context of the quadratic formula, is not clear. However, we may speculate that one semantic element must be the relation between the letters in the formula, a, b, and c, and the coefficients, or, more precisely, their positions in the canonical form of the equation. Only when this is understood can the formula be applied to an arbitrary equation.

Another semantic element that makes sense of the "plus or minus" sign is the realization that the quadratic formula has two roots. Only in the

case of perfect squares do these answers turn out to be the same value. All the learning that has gone before, much of the experience that will come later, determine the "real" meaning of the quadratic formula.

What is the minimum set of semantic relationships that is necessary before we "know" the quadratic formula? In some respects this is a foolish question, because obviously there is no end to the depth of understanding that is possible. Learning is a continuing process of adding new relations and revising old ones. It is probably the case that when the specific concrete experiences that led to the concept are themselves forgotten, the formula leaves the domain of specific learning, and becomes a part of the more general semantic structure. However, in order to use the quadratic formula to solve problems, the student must learn a specific sequence of steps and be able to carry them out.

Specific learning in the case of the quadratic formula involves building up the computational sequence. Knowing what to do next in performing the arithmetic operation can be quite complex. Such a sequence may include

 Insert Figure 2 about here

the following steps. (1) Can the quadratic formula be applied to this equation? (2) If yes, then is the equation in canonical form? (3) If yes, get values of the coefficients a , b , and c . (4) Calculate discriminant functions. (5) If imaginary, execute alternate plan, and stop. (6) Calculate value of radical. (7) Get numerator plus, calculate denominator and divide to get root 1. (8) Get numerator minus, remember denominator, divide to get root 2. (9) Stop.

For those who have hand calculators, the instruction book specifies an order in which operations are to be performed, to avoid writing down intermediate products, if at all possible. To the extent that those programmatic sequences are learned, practiced to the point of habitually correct performance, an important aspect of the concept has been learned.

Specific skill learning is an ordered sequence of behaviors. Such a program specifies and controls our attention to the objects of learning, serves to retrieve appropriate operators for the transformation of those objects, and provides the feasibility tests for applying those operators. When that sequence becomes automatic as a consequence of repetition, then cognitive control of the program decreases. This is both an advantage and a disadvantage. If you don't have to think about all the steps in the sequence, and check what to do at each stage of its execution, you can perform the task faster. However, the opportunity for error, undetected error, increases.

But the fact is that those automatic performance programs become the functional or action parts of our concepts, by speeding up the process of obtaining results, by chunking, integrating behavior. It becomes possible to turn our attention to other aspects of the task. It makes it possible for us to detect the relationship that the product, " $4a^2c$ " is greater than " b^2 ". We have an imaginary square root, and hence the result is a complex number. These are relationships that you would not otherwise have noted, because of the limited capacity of the information processing system.

The Limited Capacity of Immediate Memory

What kind of information gets into the human short term memory? The

first kind of information is modality-specific, coming from the visual or auditory stores. We believe that there are a number of memory systems associated with sensory pathways, and that sensory information intersects with the portion of long term memory that has to do with recognition of objects. We believe that the essential nature of this memory system is a tree of discriminative tests. We believe that there are fundamental timing cycles of the brain such that both visual and auditory signals generate images that can be denoted symbolically in short-term memory. However, the short term memory has a limited symbolic capacity. There are several ways to overcome the limitation of immediate memory. Depending upon the task at hand, various strategies can be developed that employ rehearsal, mnemonic devices, recoding, and chunking. Consider rehearsal. A rehearsal strategy is simply locating a subset of the elements in the auditory short term memory, and recycling them one at a time. In rehearsal, timing parameters are important. These depend on the basic rates of producing phonetic (speech) patterns. Rehearsal is a strategy for increasing the apparent capacity of the short term memory by using a property of a sensory system. One uses the sensory system with the longest half-life for information to maximize the amount of information that stays around. Therefore, visual events get named, phonetically encoded, and the names get cycled in the auditory system. Under ordinary circumstances, most visual images will disappear in a quarter of a second (Sperling, 1960), but by retrieving the name of the object and saying it to oneself, the capacity of short term memory is increased. Data from Conrad's (1971) studies of acoustic confusions indicate that children begin to exhibit this strategy around age 5.

Other methods make use of mnemonic devices and chunking. Both of these depend on long term memory, and prior programmatic learning of specific data structures.

Finally, there are strategies for managing short term memory that depend on temporal organization of the processing sequence. They capitalize on the fine timing capacities of the system. By synchronizing behavior with external or internal events, creating rhythmic patterns which can serve as cues, skilled performance that seems to demand great short term memory capacity can be achieved.

In summary, the human cognitive system deals with symbols that are organized at three levels of complexity. The operations that can be performed in relation to these symbols vary in terms of their computational power and speed. For example, in the Immediate Processor, the operations are restricted to scanning either in forward or reverse order, and very little else. But the scanning rates are rapid, according to some experiments performed by Sternberg (1969), less than 50 milliseconds per element. Programmatic learning skills, however, seldom exhibit operations in less than 100 milliseconds, and decision processes that are involved in the integration of linear sequences may exceed a second or more. Long term memory is complex, in that there is an elaborate pattern of search--heuristic search. The programs that operate here are general problem solving programs, and the speed of operation is of the order of 1 or 2 seconds, or more.

In the next section, we will address the domain which is most familiar to instructors--the domain of specific skill learning. This type of learning occurs in the context of well-defined educational objectives.

These are the behaviors that teachers set out to teach. They may be as extensive as a 4-year sequence of course in Russian, or as limited as learning how to use a hand calculator to do the quadratic equation.

Specific Skill Learning

First, let us consider the ways in which specific skill learning is affected by the contents and structure of the basic knowledge domain. Since the content of long term memory is word concepts, it is through language communication that the teacher can give instructions for tasks that the learner must perform. What is involved in understanding instructions? In comprehension of the written or spoken instructions, the learner is using language skills, to be sure, but more importantly--he is carrying out a problem-solving task. He is trying to figure out what the referents of the words are in terms of his immediate surroundings; he is establishing priorities for attention among the collections of objects in the learning situation; he is building up a workable representation of what it is he is expected to do. Thus, the first problem of the learner is to understand what is being asked of him. Clearly, rich semantic relations are more likely to permit the discovery of meaning.

The way that this occurs is through the processing of language. But we are not talking about a simple grammatical analysis in which the instructions are parsed sentence-by-sentence to identify agents (nouns), actions (verbs) or objects, per se. Most formulas are expressions involving numerators and denominators. So the word concept "one thing to be divided by the other" is a general property of all formulas. The sets of relations that tie nodes in the semantic memory together provide a

general framework onto which new learning can be grafted. When a student is faced with the specific learning of the quadratic formula, he must pay attention to the fact that the term is a way of getting into the memory structure--i.e., the name of a thing is an index to information about the thing. It is extremely important in specific skill learning that the index remains stable. Very often a teacher, in trying to elaborate examples of the point, creates multiple indices--not necessarily to the same information--and the student becomes confused. Thus, indiscriminant use of the words "equation" or "formula" may lead to confusions during specific skill acquisition. A quadrative equation is the expression to which the formula is applied to solve for x . Obviously the fact that the formula has an equals sign in it makes it an equation as well. The point is that care in labeling is an important prerequisite of building retrieval cues for information in the semantic net work. Those previously learned properties of formulas are what we hang the new information on. "What do I know about formulas? They let me calculate answers. Therefore I must substitute values into them." If, on the other hand, the student is thinking of equation, he may become confused. Equations are, in effect, the questions. Formulas are the answers. And what we mean by the phrase "talking over the student's head" is that a more sophisticated teacher may use a word expression to stand for the class of both formulas and equations, not realizing that the new word points to different information.

The long term memory must also have executable programs, and these guide the assembly of specific skill components. The knowledge that formulas have numerators and denominators directs the student's attention

to those parts of the formula. When the teacher says, "In the numerator" the mind's eye literally turns to a place. It is not simply that a word means a certain part of a formula, explicit actions are dictated by that knowledge.

Teachers in the short run have very little control over what goes into the semantic memory. It is not easy to teach wisdom. Perhaps we should, however, pay more attention to the teaching of heuristics and general problem solving procedures. Too often we teach just content, just the names of things, and not the relations among them.

Management of Memory and the Control of Attention

The immediate memory limits the rate of acquisition of new information, and is itself subject to limited control. There is not a great deal we can do to change its properties. The methods suggested above, for managing short term memory--rehearsal, chunking, mnemonics, and temporal organization--are not powerful factors. For example, there are practically no effects greater than two-to-one differences on any of the parameters obtained in the usual short-term memory experiments. Memory span is seven, plus or minus two (Miller, 1956); that is a 1.80 to 1.00 ratio. The number of variables that one can keep track of is two or three (Yntema & Musser, 1950, 1962); that is a 1.5 to 1.0 ratio. Scanning rates are but a small part of the total time to search short term memory. At 50 milliseconds per item, the additional 300 milliseconds for six items must be added to a basic reaction time of about 400 milliseconds, so that even as scanning rates approach 0 milliseconds, this is only a 700 to 400 ratio, or 1.75 to 1.00 difference. Implicit rehearsal ranges from 3 for the

laggards to 5 symbols per second - 1.67 to 1. Other parameters, such as duration, access time, and storage time, show similarly small individual differences.

However, there are obvious differences in academic performance that exceed to 100 to 1. What are they? The Class A chess player from a club in the United States will never win a single game from an international Grand Master (Simon & Chase, 1973). The problem solving capabilities of near genius students are entirely beyond the scope of dull normal ones. We have shown that the major circumstances that account for these differences are attributable to long term memory, and not the fine tuning of the short term memory.

We cannot train the short term memory to do much more than it is capable of doing. The immediate memory imposes a limitation. However, it is a very important limitation that the instructor must cope with. The opportunity for learning depends on having symbolic content available in the short-term memory, and having it there in usable form. Now what do I mean by all of this? I'm saying that the elements of a formula must be available long enough for relationships among them to be discovered, labels to be attached, and appropriate hooks in the long term memory to be found. Forming a simple association is in fact a formidable juggling act wherein new symbolic elements and old ones must be available to the immediate, conscious, cognitive system.

How can we accomplish the juggling act? Obviously good visual aids provide an external memory for the elements. Writing the formula on the blackboard is very important. Secondly, some way must be found to direct

attention to the separate elements that must be hooked together. For example, when I earlier mentioned the imaginary numbers, the student's attention must be directed to the part of the formula under the radical. Then, the quantity $4ac$, since it is negative, is juxtaposed--i.e., put to the left of the b -squared, and the symbolic operator "greater than", interposed. Notice that we have gone from one representation--" b square minus $4ac$ is a negative number"--to an alternative description--" $4ac$ is greater than b -squared." The meanings are very similar, but the latter formulation states a criterion, a test for determining if the equation has real roots, and implies a further semantic feature.

Incidentally, computer programs written to solve the quadratic and similar formulas first check to find out if the roots are real or not. This is because the efficiency of processing by computer can be increased by knowing this fact. The typical novice algebraicist, on the other hand, is usually startled when he notices that he is about to take the square root of a negative number.

Over the years, our experiments and research on simple forms of association learning have consistently shown that the collection of micro-processes--the juggling act I referred to above--consume on the order of 10 seconds per association (Gregg, 1972). Such a detailed level of description may be more useful in the classroom than you think. If we can deal with six events per minute, and there are 50-minute class hours, then 300 significant events will have occurred during any given class. What are they? Do you know? Have you planned them? Are they word associations? Unfortunately, the entire psychological literature on human verbal learning

has very little to say about classroom learning, since the repeated trials and 2-sec presentation rates are unrealistic simulations.

Cognitive Theory of Specific Skill Learning

So far we have considered some aspects of the influence of long term memory on SSL, and the constraints imposed by short term memory on SSL, and now we are ready to address the question of specific skill learning itself. We have hinted at some of the obvious processing components. Such principles as: temporal contiguity--you've got to get it together; the rehearsal principle--you've got to keep it around; the principle of indexing--you've got to get it back; and the "act of discovery"--you've got to find new relationships.

Such disparate ideas really do not constitute a theory. They simply are statements about the learning process equivalent to, say, the empirical law of effect, which, incidentally, is an entirely satisfactory formulation of the motivational aspects of learning. Reinforcement, reward, satisfaction with one's behavior, keeps it going. But what we are really talking about in a cognitive theory of learning is a much more detailed description of the ongoing processing of information.

Specific skills are learned in delimited task environments, for which we can specify three things: (1) the content in terms of an external task environment (2) symbolic representation of that content; and (3) a strategy that describes the management of the immediate memory. This amounts to an instructional task analysis (Gregg, 1975).

The first step is the description, from the viewpoint of the instructor, of the external task environment. In other words, the collection

of formulas in algebra and operations from the teacher's point of view, which are to be learned. This is necessary because, first, appropriate evaluation measures must be devised to see how close the student is coming to the objectives. And second, the teacher must be able to assess where the student is at any given time. The instructor's representation of the external task environment must specify content and structure--that is, elements and relationships among them--and performance requirements as well.

The second step is, on the basis of initial performance and test outcomes, the teacher must model the internal representation of the semantic memory of the student. Content and structure refer to the knowledge that the student can bring to bear. Of course, every teacher develops the ability to communicate with a student. If you think hard about this in terms of the task at hand, what you are assessing is the richness of the semantic network, the extent and kinds of relationships of Figure 1 that can be drawn upon:

Finally, the third aspect concerns the specific learning strategy, the sequence of behaviors governing performance and exerting control over attention. Where attention means the selective and varying focus on aspects of the task. The example that we had earlier was paying attention to the $4ac$ before the b^2 , even though the b^2 was physically present in the formula to the left of the $4ac$. If you had a bouncing ball, where would it bounce? Where would you like to have it bounce?

On the basis of such an instructional task analysis, the teacher must find out what the student knows, what he can do and match the instructional sequence to those capabilities.

Teachers have been examining what students know for a long time by asking questions like the following: What is the equation for a parabola? What is the discriminant function? How many roots does a quadratic equation have? What is an imaginary number? Define factoring. Each of these questions examines the content of long term memory and the ability of the student to retrieve verbal descriptions associated with the concepts. Notice, however, that very little in the way of structure can be inferred from correct or incorrect answers to these questions. A somewhat different technique has been used successfully in a few of my classes to gauge not only the sophistication but the organization of student memory. Rather than asking for definitions of individual items, or assigning essays to be done at home where revisions are possible, I have asked students to free associate about the "concepts you learned last semester in such-and-such a course." A content analysis of the clusters exhibited by students who had formal training in the course, as compared to students who had not, showed that sophisticated students produced 4 items per cluster on the average, against the naive students' 1.5 items. For example, in the psychology of learning, the naive students would produce lists like the following: reinforcement, motivation, then conditioning - Skinner... Only one or two items on the average would be considered members of the same superordinate category. A sophisticated subject, mentioning classical conditioning, would then list items such as extinction, generalization, unconditioned stimulus, conditioned response, temporal interval, and so forth--giving evidence of coherent organization in long term memory.

To find out what the student can do, teachers give such problems as "What's the square root of 25?" Is that a skill, or is that knowledge?

If it is a table look-up, obviously we're not talking about skills, but about knowledge. On the other hand, calculating the square root of 1069, or some other novel stimulus, demonstrates that the student can perform the necessary sequence of calculations. Asking the student to solve by factoring, to derive the quadratic formula, to apply the formula in solving a given equation, are ways of testing his computational proficiency. One problem, however, is that strict hierarchies of skills do not exist. This is the same problem that linguists encounter when they discover that a child can learn the class name tree before learning subordinate members of the class such as oak or maple. The structure of semantic does not conform to the neat taxonomies that hindsight and formalism can provide. How then is the teacher to develop reasonable methods of assessing these skills? Most of the time we do not use formal methods at all, but simply begin teaching, and adjust our methods to take account of what the students are able to learn. Most teachers simply emphasize the content of learning, and ignore the skill components. We teach what you should know, not how you should learn.

Nor do we teach heuristics for managing attention. Attention to many teachers means only, "Is the student sitting up straight and looking toward the front of the room?" Most of us never think about the way the student's mind rapidly shifts from perceptual acts, to problem solving processes, to skilled performance. If a quadratic equation is presented, Figure 3 illustrates how perception, planning, and the recall of skills

Insert Figure 3 about here

might appear sequentially to control the cognitive behavior during the student's solution of the problem.

In this analysis of content and structure in learning, we have attempted to show how 3 levels of information interact during the learning process. It is important to realize that learning is not simply a stamping in, through repetition, of simple links. The associations are complex. Some are related to our use of language; verbal instructions are an important means by which a teacher communicates. Some of the associations involve actions that have perceptual and motor components. By gaining control of the instantaneous attention of the student, we are in a position to directly influence his construction of knowledge. This is the goal of a cognitive theory of learning.

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Footnotes

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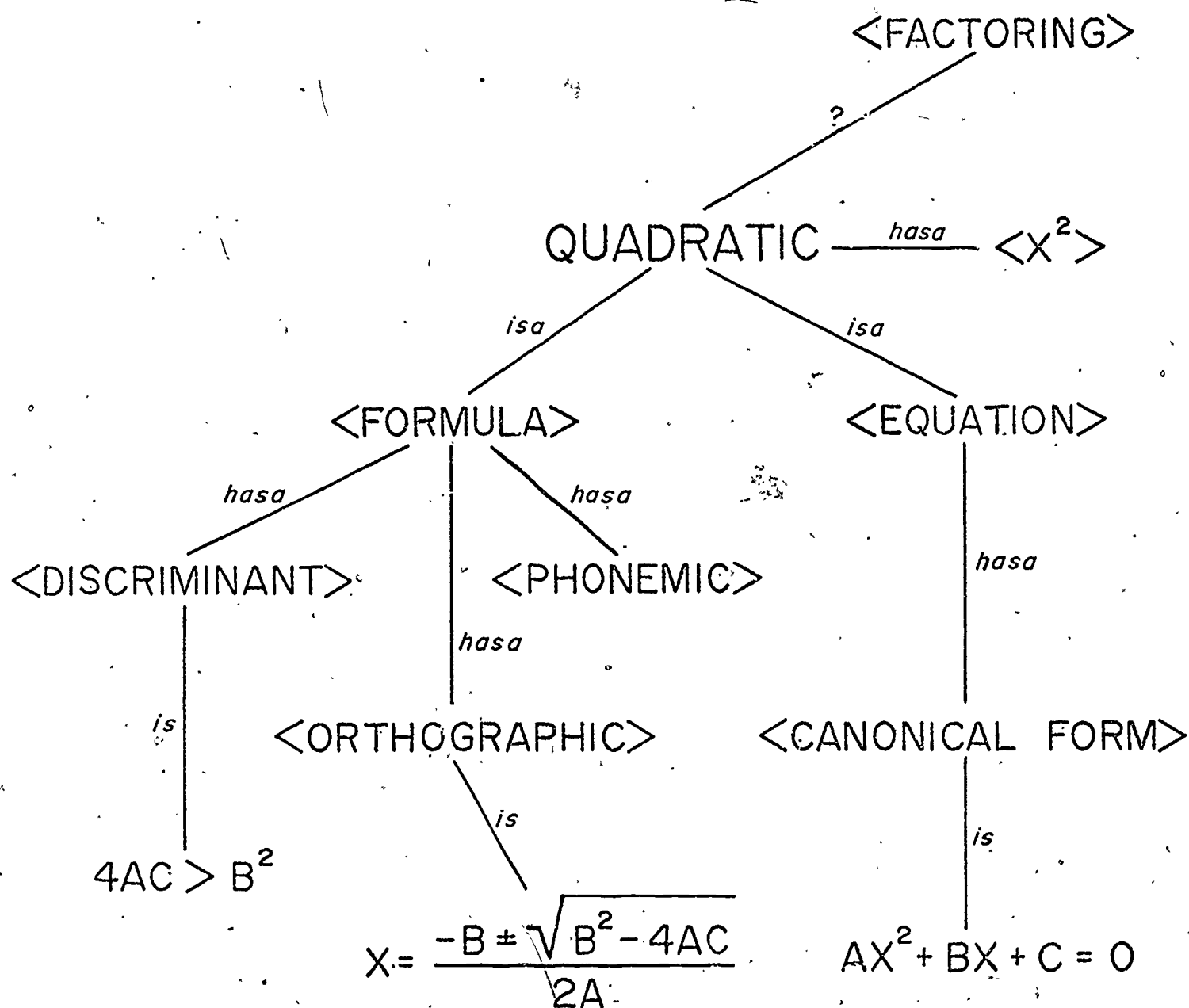
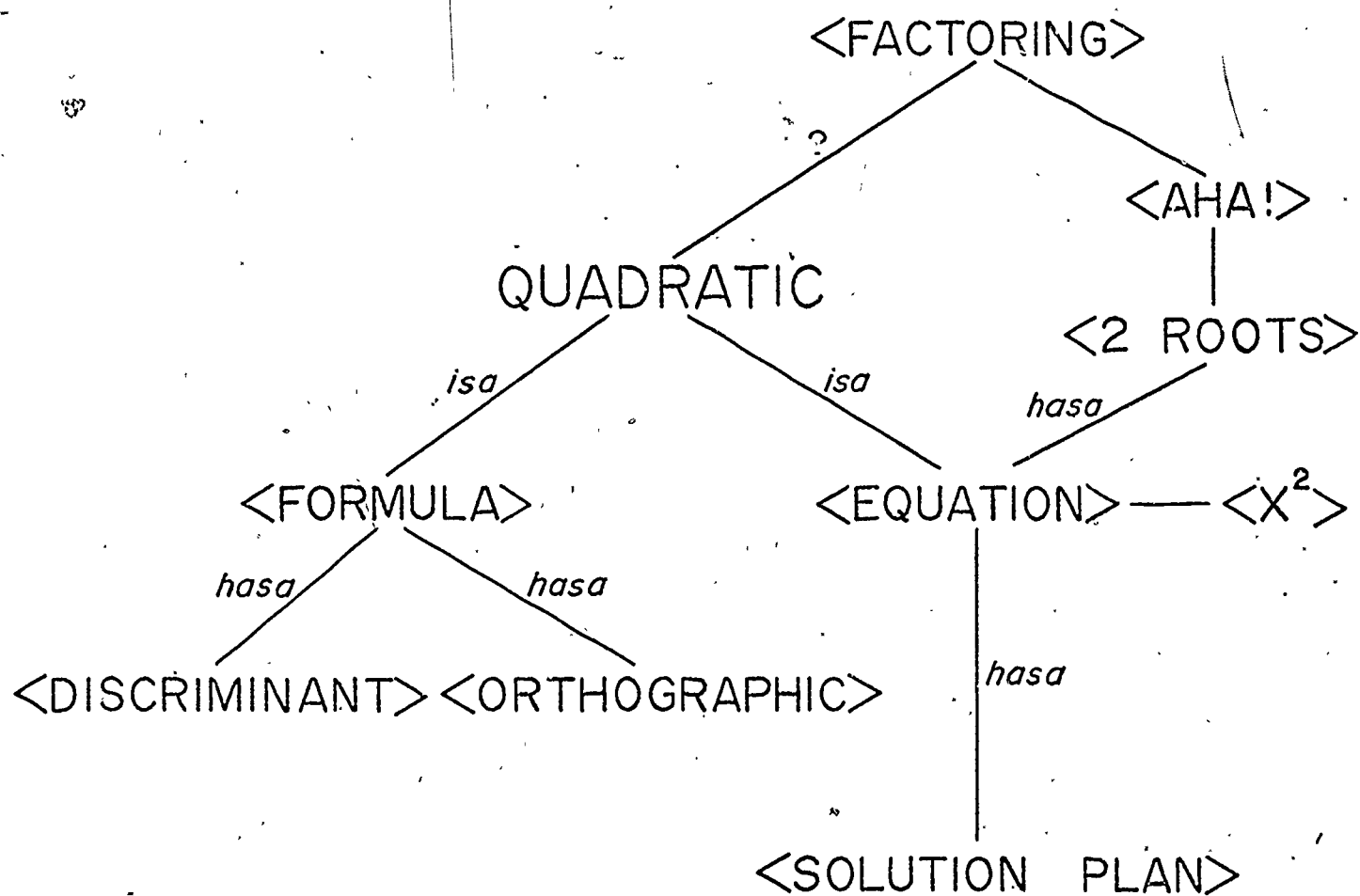


Figure 1



1. CAN FORMULA BE APPLIED?
2. PUT IN CANONICAL FORM.
3. GET VALUES OF COEFFICIENTS.
4. CALCULATE DISCRIMINANT.
5. IMAGINARY ROOT?
6. CALCULATE VALUE OF RADICAL.
7. NUMERATOR PLUS, ROOT 1.
8. NUMERATOR MINUS, ROOT 2.
9. STOP.

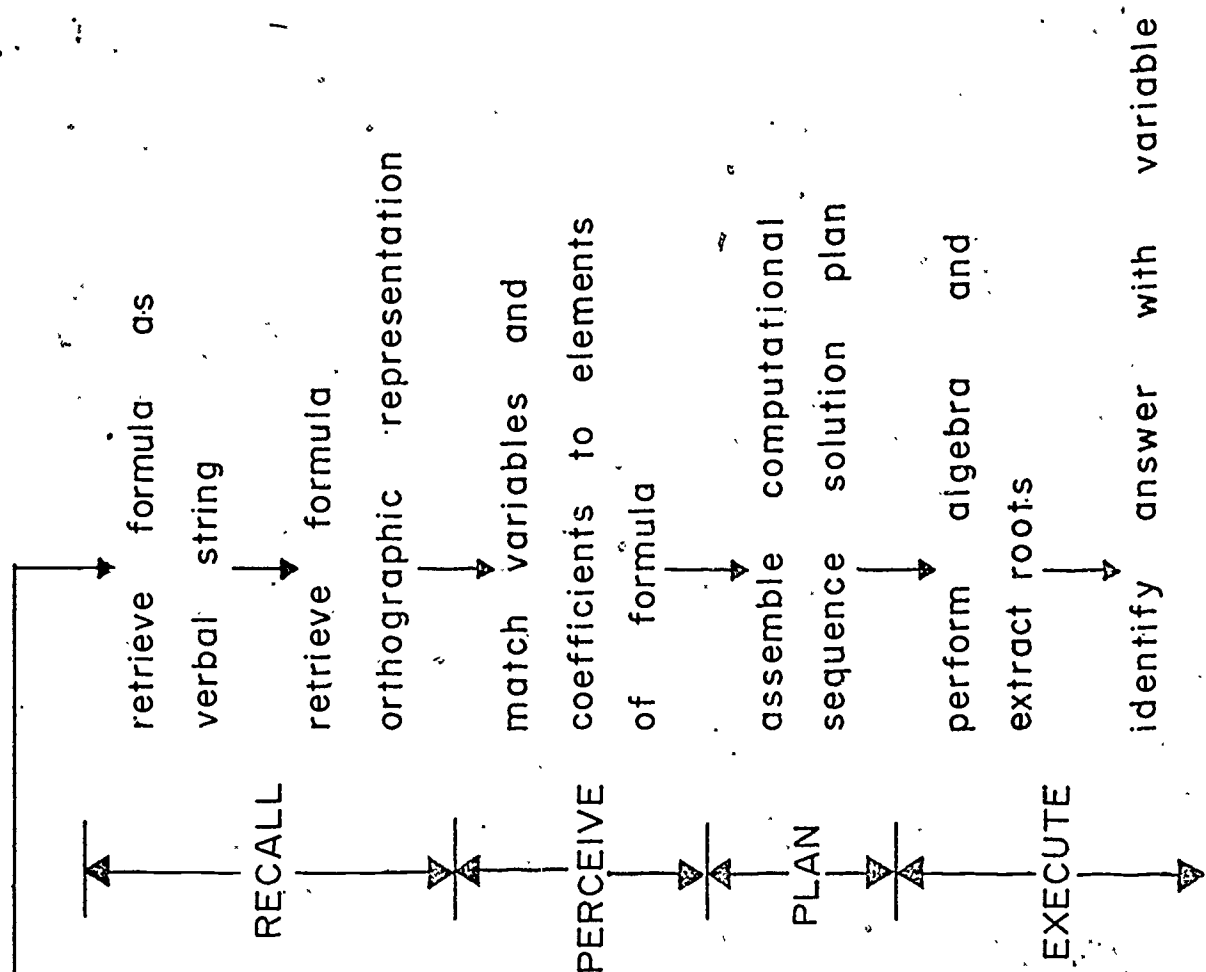
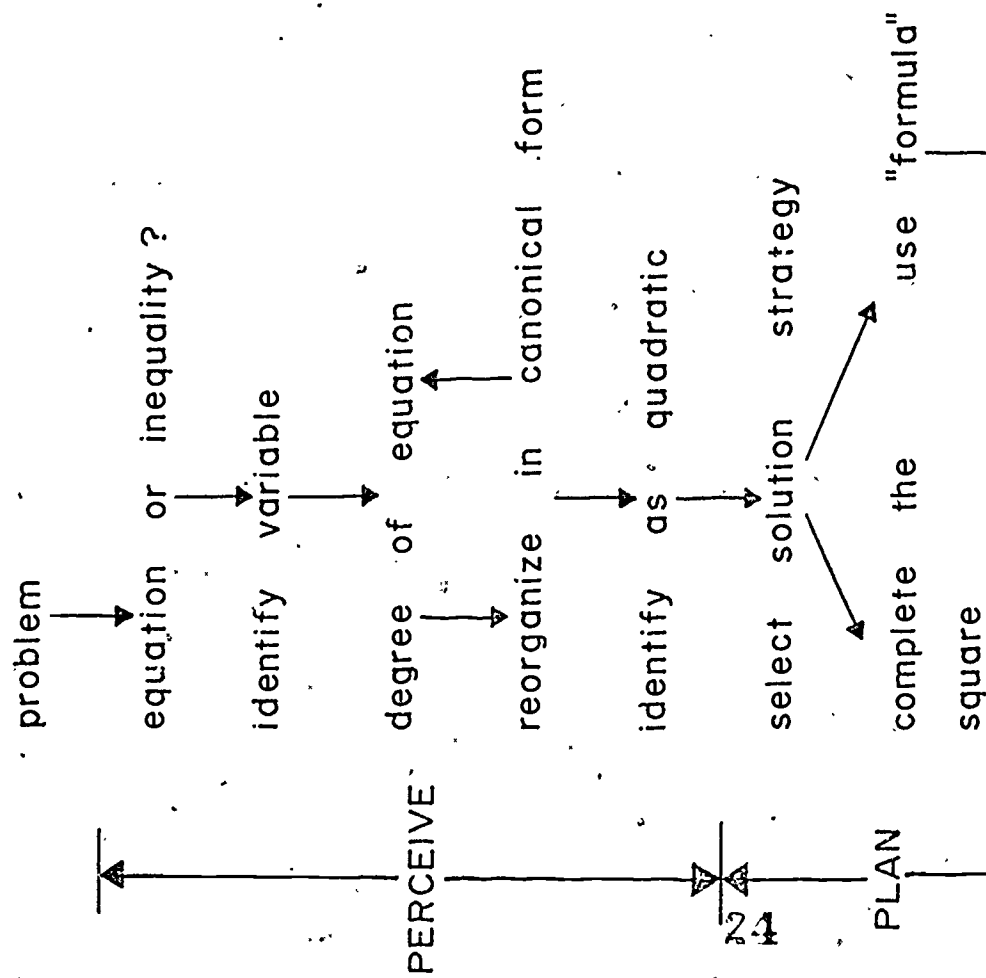


Figure 3



Family clinics were conducted every week during peak season with a total of six clinics serving 132 patients. Home visits were made by the Grant County Health Nurse and project nurse to the camps for follow-up services recommended by the physicians. Health education to help mothers care for children who were ill with diarrhea was stressed. A number of families living in Haskell County also attended the Ulysses clinics.

CASE HISTORY:

A male patient 13 years of age was referred to the Project by a private physician in Texas. This child was first seen and treated 30 hours after his injury. At this time he sustained a commuted compound fracture of the left tibia and fibula, multiple lacerations and abrasions with an extensive laceration on scalp of occipital and frontal area and extended to lower and upper eyelid of the left eye.

This family was located in Grant County, seen at the migrant clinics, and referred to a surgeon with a specialty in orthopedics. X-rays were taken and old cast was removed, but since X-rays showed bony union of fibula but not of tibia, a long leg plaster cast was placed again. He was to return in three weeks. Parents were told that if bony union was present, conservative treatment would be carried out. The boy was examined a number of times during the summer and early fall. Since there was no improvement in his condition by October, iliac bone graft was scheduled. Follow-up care is being done by Ulysses County Nurse and project nurse. Recovery appears to be good. This family is still in the area and will be referred to the Texas Department of Health.

JOHNSON - STANTON

This farming community always draws a large number of migrant workers and families who arrive early and leave as soon as the crop season is over. The Concerned Citizens of Stanton County provide a day care center and nursery for the migrant children. Enrollment was 21 for this year. The county health officer was very cooperative in helping with health problems and emergencies. Physical examinations were given to 14 migrant children. Tuberculin skin testing was done on staff and children for a total of 24. Immunization records were checked and follow-up was done through the migrant health clinics. A total of four clinics were scheduled with 49 patients registering.

CASE HISTORY:

A 13-year old boy was examined at the Johnson Clinic. He was experiencing great pain from a corneal ulcer. He was referred to an ophthalmologist in Liberal who diagnosed the ulcer as one of probable herpetic origin. A phone call was made to an Amarillo ophthalmologist who had examined the boy earlier. The patient was continued on the

same medication he had been using and reexamined three weeks later. The ulcer was healed by the time of the second examination. The patient was released at that time and instructed to return immediately if he reexperienced any pain. Referral was made to the Texas State Department of Health. Permanent scarring is probable.

GARDEN CITY - FINNEY COUNTY

Screening was conducted by Lupe Lopez, R.N., Title I Program Nurse with assistance by project nurse and project staff:

Tuberculin Testing	25
Hearing Screening.....	47
Referred.....	0
Vision Screening.....	50
Referred.....	4
Lenses purchased.....	2
UA Screening.....	49
Referrals.....	0
Hct Screening..(Dr. Eichhorn).....	50
Referred.....	8
Physicals..(Dr. Eichhorn).....	51

Follow-up was recommended for four children as follows: tonsillectomy, cardiac evaluation, hematocrit retesting and phimosis. All urinalysis was negative. Eight children were placed on hemotinic therapy for iron deficiencies.

Six family clinics were scheduled. Total attendance was 91. A number of families from Kearny County also attended the Garden City Clinic.

CASE HISTORY:

In a home visit a mother asked for advice on help with her 18-month child who seemed to faint and stiffen for short periods of time. She stated that her mother-in-law had expressed an opinion that the child was having temper tantrums and would outgrow them. A referral form was given to the mother to have the child examined by a physician. The parents were advised that the child needed to be evaluated. An appointment was made at Great Bend with a neurologist. The child was having seizures which occurred with provocation. This was possibly due to the high fevers experienced as an infant. Recommendation was made that Elixir Phenobarbital 15mg be given twice a day, and if no seizures occurred, he would be reevaluated after the third month. Four weeks later the PHN made a home visit and the mother stated that the child had become very hyperactive. The nurse wrote to the neurologist about changing medication. He prescribed Dilantin 50mg gr. daily. Arrangements were made to have the child reevaluated. At the time of reevaluation the child was found to be alert and active with good balance and

equal muscle stretch reflexes. The impression was centrecephalic epilepsy controlled by Dilantin. The recommendation was to continue medication until the boy is 2 years old providing that no seizures occur. It should not then be discontinued but tapered off providing that neurological examination and his EEG are normal at that time.

LEOTI - WICHITA COUNTY

No family clinics were scheduled in this area because of very low attendance last year and the belief that working hours of migrants in Leoti enabled them to receive medical services at regularly scheduled times at physicians' offices.

The report by Kathy Lane, R.N., Title I Program nurse follows:

I tried to begin health screening as soon as possible after our school session began. I felt this would ensure all students being screened early in the program in case they did not stay for its entirety.

Hemoglobin Screening.....	34
Referrals.....	3
Urinalysis.....	37
Referrals.....	0
Hearing Screening.....	41
Referrals.....	1
Patient was examined by Dr. W. F. Werner, M.D. and referred to Dr. Allen in Salina, Kansas. Follow-up was successful.	
Vision Screening.....	41
Referred.....	4
Lenses purchased.....	4
T.B. Skin Tests.....	21
Postive reactors.....	0
Physical Examination ..(Dr. Werner).....	32
Ear infections, ear wax, post nasal drainage, Staph infections, cyst on lower lip, and red throats were problems found. Follow-up was successful.	

All the children who were screened for dental problems received the necessary dental treatment before the summer session was over. There were fewer serious dental problems this summer than in past years. Periodic health checks in the classroom helped teach the children better personal hygiene, and also gave me a chance to find health problems before they became too serious. Good health habits and nutrition were also stressed in the individual classrooms during the summer. Films were shown throughout the session almost daily on different health subjects. Monthly immunizations were continued throughout the summer.

In summary, a total of 307 persons were served at 19 family clinics. Seven persons were referred to area specialists for specific problems.

Lack of extra summer staff put a great burden on everyone, especially the project nurses. We wish to express a special note of appreciation to county nurses, Jerri Menzie, Grant County; Tee Fawcett, Kearny County; Irene Hoyt, Finney County; School nurses: Kathy Lane, Lupe Lopez, Norma Jean Yarger, and the many physicians and other nurses who helped make our services a reality. We also wish to thank area consultant nurses Myra Sloan and Jessie King for their assistance and many supportive efforts.

The report of Project Nurse, Floriene Whisnant is found in Section VIII, Northwest Report.

1972 NURSING SERVICES SUMMARY

Name of Town	County	Hearing Screening	Snellen Vision Screening	Immunizations	Physicals	TB Screening	UA Screening	Hgb. Screening
		Total	Total	Series Completed	Total	Total	Total	Total
		Referred	Referred		Referred	Referred	Referred	Referred
Garden City	Finney	47 0	50 4	62 62	51 4	25 0	49 0	50 8
Lakin	Kearny	46 0	58 14	76 76	80 5	71 1	61 0	93 19
Leoti	Wichita	41 1	41 4	131 131	32 6	32 0	37 0	34 3
Johnson	Stanton	0 0	0 0	5 5	14 0	24 0	0 0	0 0
Goodland	Sherman	116 0	115 0	109 109	0 0	116 0	0 0	0 0
Ulysses	Grant	42 0	50 4	35 35	61 3	44 10	32 0	42 1
Si blette	Haskell	45 0	38 10	18 18	63 1	41 1	24 0	45 0
Sharon Springs	Wallace	70 5	81 11	0 0	93 17	93 2	0 0	0 0
St. Francis	Cheyenne	23 0	23 0	0 0	23 0	25 0	0 0	0 0

GRAND TOTALS:

430 6 457 117 436 436 417 36 471 14 203 0 264 31

VI. MEDICAL AND DENTAL SERVICES

A total of 19 family clinics were held during the peak season of June and July. Six clinics were also held to provide physical examinations for children attending Title I Programs and day care centers. This number does not include the physical clinics in Ulysses and Garden City which were paid for with Title I Program funds. A total of 724 patients received services at Migrant Health Clinics. An additional 110 children received physicals through Title I funding. The above total of 724 represents a large decrease as compared to the previous year. This decrease is partially offset by the physicals provided by Title I and services on a fee-for-service basis. The primary reason for the large decrease in clinic attendance was the lack of clinics of any kind in Goodland. Despite great efforts by the Goodland staff, no clinics could be arranged with local physicians. This is not a new problem in Goodland. The physicians in that community are overworked just as everywhere else in rural Kansas. The fact that arrangements could not be made for physicals for the children was a particularly great disappointment for the staff.

Other factors contributing to lower clinic attendance were a late start in Haskell County because the physician in that county was on vacation, and the cancellation of one clinic each in Ulysses and Saranta when no physician was available due to emergencies and other unexpected circumstances.

In addition to clinic services 1117 patients were seen on a fee-for-service basis. This figure included 53 emergency room visits and 63 outpatient X-rays. In total 1841 patient visits were paid for by the Project. This represents a decrease of 629 visits from a year ago due largely to the problems encountered in clinic attendance as mentioned above. Additional problems included the absence of any physician in Wichita County for five months and frequent and extended vacations by a physician in another county. Consequently, migrants had to seek services in adjoining counties and did so only when serious problems arose. Total cost for outpatient care was \$17,510.18.

It might be in order to mention that many Garden City physicians are no longer accepting obstetric cases because they can barely manage their extremely large caseloads even without the extra burden of deliveries. Garden City has 12 private physicians, four of whom are specialists. This group serves a county of approximately 18,000 with many other referrals from other counties. Because most local physicians are no longer accepting O.B. cases, most deliveries are being handled by three physicians. One of these doctors delivered 100 babies last year.

Nine patients were referred to eye or ear specialists during the last year. One 33 year-old man was suffering from a collapsed and badly damaged ear drum caused by a chronic ear infection of many years duration. He left the area to return to Texas soon

after being examined by a specialist in Salina. A referral was made to Texas immediately, but as yet we have no confirmation that treatment was continued. Correspondence from the patient indicated that he was having great difficulty getting an appointment even though he had the results of his Kansas evaluation in his possession. We have written to this patient a number of times but have received no reply for some time. Most probably he has moved on to a new area.

Four other patients were referred to the Area Mental Health Center for evaluation and services. Six children were referred for evaluation of congenital heart defects. Two other patients were referred to neurologists for evaluations. One patient required hospitalization.

Another unusual case of interest involved a nine year old residing in the Tribune area. This child was examined by Dr. Werner in Tribune after being brought home by the school nurse. The child complained of flu symptoms. Dr. Werner arranged immediately for this child to be transferred to the Denver Children's Hospital. His case was diagnosed as Guillain-Barre Syndrome, an illness of probable but unspecified viral origin. This disease is very similar to Polio in the paralytic and respiratory complications. However, unlike Polio the patient's chances for significant or total recovery are very good.

This patient was discharged from the hospital after 17 days to the care of Dr. Werner in Tribune. Arrangements were made for physical therapy treatment at St. Catherine Hospital in Garden City as this was the closest facility having a physical therapy department. All medical expenses were paid by Title XIX. Recovery is almost totally complete at this time.

Since nursing and medical services necessarily intertwine, additional information can be found in V. Nursing Services.

Dental surveys were conducted at each of the Title I Migrant Programs and three locally sponsored programs in early June. Dr. James Mankin, Chief of the Dental Health Section, Kansas State Department of Health, conducted surveys in Garden City, Goodland, Lakin, Leoti, Sharon Springs, and Sublette. Surveys in Johnson were conducted by Dr. Lewis Palmer and in St. Francis by Dr. Haberbosch. A summary of the dental surveys can be found in the next pages. A total of 537 children were screened in the initial surveys. Of these 70% required no dental treatment.

The purpose of the dental survey was to determine the number of children requiring treatment and the dental caries experience of migrant children. A survey is essential to initiate treatment.

The criteria used for determining dental caries experience was the usual classification of DMF (decayed, missing, filled) for permanent teeth and def (decayed, teeth indicated for extraction, filled) for deciduous teeth.

Dentists providing dental services for the program were:

Dental Caries Experience - Children of Migrant Workers

Western Kansas

June 12-13, 1972

City	Age	Number of Children Examined	Children Requiring No Dental Treatment		Dental Caries Experience							
					Deciduous				Permanent			
			Number	Percent	d	e	f	def.	D	M	F	DMF
Goodland	3-5	41	38	93%	0.32	0.00	0.07	0.39	-	-	-	-
	6-13	83	62	75%	0.35	0.08	0.94	1.37	0.04	0.01	0.42	0.47
Sharon Springs	3-5	14	10	71%	1.14	0.21	0.21	1.56	-	-	-	-
	6-13	57	43	75%	0.30	0.04	1.53	1.87	0.04	0.00	0.44	0.48
Leoti	3-5	15	9	60%	0.60	0.13	0.33	1.06	-	-	-	-
	6-13	21	15	71%	0.57	0.00	0.57	1.14	0.00	0.05	0.33	0.48
Lakin	3-5	21	16	76%	0.62	0.00	0.71	1.33	-	-	-	-
	6-13	47	28	60%	1.13	0.15	0.64	1.92	0.15	0.02	0.66	0.83
Garden City	3-5	9	6	67%	0.77	0.11	0.00	0.88	-	-	-	-
	6-13	37	28	76%	0.43	0.01	0.92	1.46	0.03	0.03	0.00	0.06
Ulysses	3-5	19	11	58%	1.42	0.00	0.26	1.68	-	-	-	-
	6-13	101	64	63%	0.63	0.07	0.57	1.27	0.39	0.02	0.65	1.06
Sublette	3-5	19	10	53%	1.05	0.00	0.42	1.47	0.21	0.00	0.00	0.21
	6-13	36	26	72%	0.88	0.14	0.58	1.60	0.14	0.00	0.19	0.33
Johnson	3-5	4	3	75%	0.75	0.00	0.00	0.75	-	-	-	-
	6-13	13	8	62%	0.92	0.00	0.00	0.92	0.31	0.00	0.15	0.46
TOTALS	3-13	537	377	70%	0.64	0.08	0.66	1.38	0.12	0.01	0.32	0.45

Lakin, Sublette	Dr. Jon Wheat
Johnson, Ulysses	Dr. Lewis Palmer
Leoti	Dr. Charles Purma
Garden City, Scott City	Dr. Dennis Parsons
Garden City	Dr. Tony Martin
Goodland, Sharon Springs	Dr. J. L. Beynon
	Dr. N. R. Hirsch
St. Francis	Dr. Haberbosch

Nitrous oxide units used by Dr. Parsons, Dr. Palmer, and Dr. Wheat again proved invaluable in putting the small children at ease and making treatment possible.

Three children required hospitalization so that treatment could be completed. These were very small children with very serious problems. One of these children also had a condition diagnosed as severe idiopathic gingival hyperplasia which among other things if not corrected endangers the proper eruption of the permanent teeth and results in a severe malocclusion. In layman's terms this condition perhaps could best be described as "bumpy gums". This condition was corrected by surgery.

The use of Ketaject (Ketamine Hydrochloride) was employed in the treatment of four other small children. This local anesthetic is administered intramuscularly initially and maintained at low levels intravenously until work is completed.

Robert Butler, RNA administered this anesthetic in Dr. Wheat's office in Lakin. The use of this anesthetic has many advantages. It does not affect involuntary responses, thus is essentially safe. Also, the patient can return home once the effects of the anesthetic wear off. This is a very important factor for anxious three-year-old patients. Lastly, costs for this type of treatment are 1/3 of the amount required for one day's hospitalization and operating room fees incurred for the same kind of treatment on an inpatient basis.

The use of fissure sealant was reduced this year as some area dentists felt that results were not as good as anticipated. However, several area dentists feel that the fissure sealant application method which employs the use of an ultraviolet lamp is much more effective. A Leoti dentist has been using this method for about two years and feels that this technique results in a dramatic reduction in tooth decay. It is probable that this method will be used by several area dentists in next year's program. This method is considerably more expensive and requires more time than using other commercial sealants which do not require the UV lamp. However, if reports of as much as 60-95% reduction in decay are accurate, such expenditures of time and money will be well worth it. The purpose of using a fissure sealant is to effectively seal the pits and fissures on the occlusal surfaces of the teeth where most decay initially begins, thus substantially decreasing the number of new cavities.

Another facet of the dental program which we hope to devote more time in the next year is dental education. The American Dental Association now feels that the technique of brushing the teeth in a gentle circular motion and into the gums with a soft brush and followed with the use of dental floss is far superior to the conventional method of brushing away from the gums in an up and down motion. It is felt that this method removes plaque more effectively and prevents gum problems as well as reducing decay significantly. A limited program was initiated during the past summer at the Ulysses Title I Program. Gum problems are especially common for Mexican-Americans whose diets are especially lacking in abrasive foods. Whether we can attack this problem of re-education effectively remains to be seen.

During the last year 240 children received dental services of a restorative nature through the Project. Of 234 children requiring treatment 212 or 91.6% were completed. Thirteen adults were treated on an emergency basis requiring 41 fillings and 13 extractions. In total the Project paid for 705 fillings, 149 extractions, and 73 crowns. Six children were also provided with appliances. It is extremely encouraging to note that while the number of children screened was almost identical to that of a year ago, 118 fewer children required work. Therefore, 269 fewer fillings and 23 fewer extractions were required. We feel that our efforts in the areas of restoration, prophylaxis, and education have really paid off. Children returning to our area a second year usually require minimal or no treatment. Four years ago many of the children needing treatment had ten or more teeth in critical condition. During the past year only two children had conditions as serious.

In addition to children receiving restorative services, preventative services provided were as follows: prophylaxis-220, Cavitron-42, Fluoride treatment-133, and fissure sealant 29.

Many of the summer education programs provided transportation to the dentists' offices for children requiring treatment. Some parents also assisted with transportation when possible. However, the Project staff provided almost all of the required transportation in the Sublette, Garden City, Ulysses, and Johnson areas. Such efforts were very time consuming. A considerable amount of time was also spent informing parents of work needed and scheduled appointments, and explaining what work had been completed and what still remained to be done. Fortunately we have outlived our image as the "tooth-pullers", an image partially earned by the large numbers of extractions required in the early years of our program when many children required multiple extractions. Also, many low-income people still undoubtedly regard a dentist as someone who only extracts teeth, since in their experience treatment was sought too late to save a tooth. This image is a point of education on which we spend considerable time.

The dental van on loan to the Kansas Council of Agricultural Workers and Low-Income Families mentioned in last year's report was not used by the Project this year as no way could be worked out to use it effectively.

SUMMARY OF CHILDREN'S DENTAL SERVICES

<u>Town</u>	<u>No. Checked</u>	<u>No. Requir- ing Work</u>	<u>No. Com- pleted</u>	<u>No. Partial- ly Completed</u>	<u>No. Not Started</u>	<u>% Completed</u>
Goodland	124	24	23	-	1	95.8
Garden City	52	19	19	-	-	100
Johnson	35	22	18	4	-	81.8
Lakin	84	37	35	2	-	94.6
Leoti	43	19	18	1	-	94.7
St. Francis	23	5	5	-	-	100
Scott City	7	6	6	-	-	100
Sharon Springs	71	18	16	2	0	88.8
Sublette	57	27	25	-	-	92.5
Ulysses	120	57	47	5	5	82.4
TOTALS:	616	234	212	14	6	91.6

SUMMARY OF RESTORATIVE AND CORRECTIVE WORK COMPLETED ON CHILDREN
PERMANENT PRIMARY

Key: Amal = silver alloy filling; Adaptic = white resin filling;
 Ext = extraction

<u>Town</u>	<u>Number Treated</u>	<u>Amal</u>	<u>Adaptic</u>	<u>Ext.</u>	<u>Crowns</u>	<u>Amal</u>	<u>Adaptic</u>	<u>Ext.</u>	<u>Crowns</u>
Garden City	20	5				25		9	6
Johnson	22	48				24	1	3	
Goodland	23	29		1		48		21	
Lakin	37	33		2	1	43		32	13
Sublette	27	21				15		27	21
Sharon Springs	18	30				39	2	9	
Scott City	7	13				1		2	
Ulysses	62	93	7	5	2	80	6	18	13
Leoti	19	49	1			36	3	7	17
St. Francis	5	4				8			
GRAND TOTALS:	240	325	8	8	3	319	12	128	70

PREVENTIVE DENTAL SERVICES SUMMARY

	<u>Prophylaxis</u>	<u>Fissure Sealant</u>	<u>Fluoride Treatment</u>	<u>Cavitron</u>
Garden City	50	-	49	-
Johnson	27	-	9	9
Lakin	36	-	39	3
Leoti	14	14	-	-
Scott City	7	7	7	1
Sublette	24	-	22	4
Ulysses	62	8	7	25
GRAND TOTAL	220	29	133	42

VII. HOSPITAL SERVICES

Hospital Services have been offered by the project since July, 1967 when HEW, Migrant Health Funds first became available for this purpose.

The project presently has agreements with 19 area hospitals. Most patients receive services at six area hospitals. In fact, during the past year, 77 of 119 patients were hospitalized at St. Catherine Hospital, Garden City; Bob Wilson Memorial, Ulysses; and Northwest Medical Center, Goodland.

The Project pays 100% of inpatient physician fees and 61% of hospital charges. These percentages are predetermined for each state by the Migrant Health Program at the national level. The latter is computed by multiplying the Medicare % for each participating hospital by the Medicaid % for Kansas which is 61%. Since the Medicare % of all participating hospitals is 100%, the Project, therefore, pays 61% of hospital charges.

Since the last Project Report (December 1, 1971) there has been a total of 119 hospital episodes. Total cost to the Project was \$29,735.86. Total number of days was 465. The average number of days per patient episode was 3.9. The average cost per day was \$63.94. The average cost per patient episode was \$249.88.

The following comparison will, we hope, serve to dramatize the spiraling cost of inpatient hospital care during the last four years.

	1969 Progress Report	1970 Progress Report	1971 Progress Report	1972 Progress Report
No. of Patients	113	117	141	119
No. of Hospital Days	565	499	578	465
Cost Per Day	\$42.78	\$49.45	\$52.35	\$63.94
Cost Per Episode	\$213.93	\$210.29	\$220.91	\$249.88
Average Hospital Stay	5.0 Days	4.25 Days	4.1 Days	3.9 Days
Total Cost (To Nearest \$)	\$24,174.00	\$24,604.00	\$30,259.00	\$29,736.00

Several comments are in order regarding the above. Hospital funds were exhausted in the late spring of 1970. Therefore, there was a lapse in services in the period covered by the 1970 Project Report. Taking this into account we can say there was a consistent increase in the number of patient episodes each year until this year. The average number of hospital days per patient has consistently decreased while the cost per day has shown a great increase: 22% in the last year and 49% since December 1, 1969.

We feel that the decrease in hospital episodes this year is more than just coincidence. It should be noted that five patients were the victims of one accident in late June. Another six episodes were for one diabetic patient necessitated because of complications during

pregnancy with an acute appendicitis thrown in for a bonus. On the other side of the balance approximately 12 hospital episodes involving migrants were paid for by Title XIX. Assuming that five hospitalizations from one accident and six for another patient are not average, and allowing for the other 12 paid for by Medicaid, it would seem that the total number of hospital episodes per year may be on the decline. With such great increases in medical care as we have experienced in the past year, we certainly hope so.

Averages are at the best misleading. For example, the average cost per patient episode of \$249.88 includes extremes of \$2.44 (61% of one day's care for a newborn) for one patient to expenditures of more than \$1,000.00 each for five patients requiring treatment and surgery for acute illnesses.

The decrease of the average number of days per hospital stay is a figure which we feel is representative of the progress made in preventative care coupled with early diagnoses and treatment. Availability of services has allowed migrants to seek care before a specific condition has become life threatening, thus decreasing the number of extremely long hospital stays. The longest hospital stay during the past year was 13 days, a sharp contrast to 30 day stays of past years.

The chart that follows shows a general breakdown of specific conditions requiring hospitalization. Once again expenses for deliveries (29) and the newborn (26) accounted for the majority of hospital episodes: 55 of 119. This was four fewer deliveries than in the previous year. Two diabetic mothers delivered still-born infants. The expenses for the third "missing baby" were paid by the parents and so are not included in the chart.

As of December 6, 1972 all hospital funds for this fiscal year have again been exhausted. This is the third year that funds available from the Migrant Health Program for hospital care have been "frozen". "Frozen" means that levels cannot be increased nor decreased. Thus, other funds must be sought to provide necessary funding levels. Presently, our HEW Migrant Health budget is providing \$17,779.00 which is just a little more than half of what is required. During the last two fiscal years we have been able to obtain other funds from another federal agency to continue our services. We are again seeking additional funds at this time. However, with the veto of the HEW Bill and other national trends, prospects are less favorable than usual.

Needless to say, migrants are not provided with, nor can they afford conventional hospital insurance. National health insurance is at best a dim vision on the distant horizon. Many migrants do not qualify for Medicaid benefits because they own a motor vehicle less than four years old. Additionally, a recent revision in the Kansas Welfare Manual indicates that a person not intending to reside permanently in the state of Kansas is not eligible for medical assistance. Their medical expenses should be provided by their home state. This notation is extremely interesting since Texas has no medical assistance program for persons not receiving cash grants. One wonders if the above directive might have been written with the Texas migrant in mind.

Another note of impending doom is in reference to a June 23, 1972 draft of Program Guidelines for Projects for Services to Agricultural Migrants. This draft suggests that hospital services should be held to a \$300.00 maximum in future. Approximately 21% of our hospital episodes during the past year exceeded this figure. The guidelines give no clue as to how this amount is to be divided between physicians and hospitals.



HOSPITAL SERVICES SUMMARY

<u>Diagnosis</u>	<u>No. of Patient Episodes</u>	<u>No. of Days</u>	<u>Physician Fees</u>	<u>Hospital Costs</u> (613)	<u>Total</u>
Deliveries	29	125.5	\$4279.00	\$5444.71	\$9723.71
Newborn	26	94.5	\$37.00	\$1222.66	\$1259.66
Conditions of the Digestive System	11	64	\$1741.50	\$3001.57	\$4743.07
Gyn Conditions and Complications of Pregnancy	8	28	\$898.00	\$1201.36	\$2099.36
Respiratory Infections.	8	20	\$405.00	\$859.97	\$1264.97
Appendicitis	4	17	\$850.00	\$1633.77	\$2483.77
Fractures Lacerations and Sprains	9	26	\$1358.03	\$1651.43	\$3009.46
Hepatitis	3	24	\$165.00	\$479.09	\$644.09
Dental and Oral Surgery	3	3	\$353.00	\$454.94	\$807.94
Other	18	63	\$1150.94	\$2548.89	\$3699.83
TOTAL:	119	465	\$11,237.47	\$18,498.39	\$29,735.86

VIII. NORTHWEST REPORT

By Floriene Whisnant, R.N.

As April came to Cheyenne, Sherman, and Wallace counties we started looking forward to renewing friendships with the migrant families of years past, but just a few of the friendly faces appeared. This year we had a new group of workers from the same areas of Texas, New Mexico, and Florida. Many of the families had health records with all pertinent information. We furnished a health record to those who did not. We encountered a number of pregnant women who had not seen a physician. Some of these appeared to be nearing due date. We referred them to a physician with a request that they be given a report of work performed, so that the patient could present it to the next physician she might see as they moved across the states. If the patient's destination were known, she was referred to the migrant health or public health service in that area. This was done for all workers and families who had a medical problem. Several patients needing surgery elected to return to their home state for surgery.

No special evening clinics were held this past summer. All workers and families were seen at the Medical Arts Clinic, usually the same day that the referral was made, or in the hospital emergency room. No one was refused service.

This year as in years past more workers came into the area than were needed. Many came to our office seeking aid. We referred them to or called the Employment Opportunity Center to see if any work was available in the area. Some were referred to the Social Welfare Department for monetary help and/or commodities; several were also referred to the Kansas Council of Agricultural Workers and Low-Income Families for whatever aid they could give them with food, clothing, money, and help in finding housing.

We work closely with the summer migrant schools. Dental screening was done in Sherman and Wallace Counties by Dr. Mankin, Kansas State Department of Health, and Cheyenne County by Dr. F. N. Haberbosch. Dental work was done by Dr. Beynon and Dr. Hirsch for Sherman and Wallace Counties. Children from Wallace County were bused to Goodland for dental work since Wallace County does not have a dentist. Dr. Haberbosch completed the dental work for children in Cheyenne County. TB skin testing, indicated immunizations, and vision and audio screening were done for all students enrolled in the summer schools. Physicals were done on all students enrolled in Sharon Springs by Dr. John Chung and Staff. In St. Francis Dr. Lucille Stephenson did physicals with vision and audio screening. In the Goodland school Mrs. Norma Jean Yarger, R.N., school nurse, and Dolores Manzo, bilingual attendance director, did the vision and audio screening. Dolores also aided in seeing that children were taken to the doctor or dentist, whichever they needed. Without their help much of our work might not have been accomplished. Elsewhere in this report you will find the number of people immunized, screened, and referred.

Referrals received from Florida, New Mexico, and Texas were followed up if possible and a report made to the referring state. Occasionally the families had left the area leaving no forwarding address by the time we received the referral. Several times the referral arrived before the worker did.

We attempted to have cooking classes in March, April, and May, but the attendance was very poor, so they were canceled; since it was getting to the busy season, and it was decided to try later on.

Family Planning was on an individual basis. This seems to work better in this area. Approximately 40 families were counseled, with most preferring the "Pill". The 28-day cycle seems to be best suited for them.

Throughout this report I have used "we". If it were not for my bilingual co-worker, Tom Woodward, much of the above work would not have been accomplished.

By Tom Woodward

The year's activities were very much alike those of the past, but we endeavored to do more for the individual. Unfortunately the Kansas Council which last year started with measurable success was inactive with funding and internal problems. This inactivity coupled with the absence of the VISTA Volunteers caused most migrants to reflect again to this office.

We continued to relate to the migrant schools in the three county area with vision, hearing, and T.B. examinations, as well as coordinating physical examinations by local doctors. The dental program was the most successful program as it has been in the past. Three dentists in the three counties shared the hectic and massive work load. Home visits were not as abundant as in the past as the office continues to be a focal point, well advertised and accessible to all concerned. The Supplemental Food Program seemed to benefit the migrant more than any other programs in general. It, of course, relieved the effective cash outlay for food to be realized on rent, utilities, etc. Referrals to doctors and hospitals were great, reaching into some highly specialized areas. Housing continues to be horrible for the most part; no code and hence no standards. A code for all housing seems to be the most logical approach.

This is my last year with the migrant program, and this report is written with some retrospect. Three and one-half frustrating yet enjoyable years!! Hopefully a Mexican-American can be obtained as a replacement. This position has been educationally revealing to me -- I have been educated more than educating. I thank Kansas State Department of Health as well as those thousands of migrants streaming into this area for having made my life more enjoyable and richer and never boring.

LX. SUPPLEMENTAL FOOD PROGRAM

Since the existing food programs did not take into account the special dietary needs of pregnant women, infants, and small children, Congress in 1967 enacted a program to distribute supplementary foods to pregnant, nursing, and postpartum mothers (through the first year of the child's life), and to preschool children.

However, in 1970 budgetary considerations surfaced when the Department of Agriculture announced that the newer program could no longer be extended to food stamp areas, and that participation would be limited to mothers and to children under one year of age in commodity areas. Furthermore, vital sources of Vitamins A and C, calcium, protein, and riboflavin were reduced.

Due to political considerations throughout 1971 the program was revitalized in December of that year when peanut butter and scrambled egg mix were restored to the program and the fruit juice was boosted to its former distribution rate. Besides the above mentioned items the Supplemental Food Program also includes evaporated milk, instant dry milk, farina, corn syrup, canned vegetables, and canned meat.

As might be expected, the item most in demand is milk for the babies and children. A few families request to receive the milk only. Occasionally we still find isolated instances where some commodity items are refused because the mother doesn't know how to utilize them, but these situations are decreasing due, in part at least, to the emphasis being placed on nutrition education in the monthly cooking classes described in III. Health Education.

Over 49 tons of supplemental foods were distributed during the past year to an average of 210.5 individuals per month. Commodities are stored in the migrant offices in Goodland and Garden City. From the Goodland office distribution is made to families in Goodland, St. Francis, Sharon Springs, and the northwest area. Recipients from Garden City, Holcomb, and Deerfield call at the office to receive their allotments. Of course, in an emergency situation or when the family has no means of transportation, the commodities are delivered to their home. Commodities are transported by the health educators to Ulysses, Johnson, Leoti, and Copeland once each month and distributed to the families at the monthly cooking classes. Commodities for Kearny County are transported to Lakin, and distribution is handled by the county nurse. Routine monthly distribution is on a specific date each month for each area, but commodities are always readily available whenever the need arises.

Much staff time is consumed in the efficient organization and administration of the Supplemental Food Program. Verification of need must be made by a nurse or a medical doctor at three-month intervals. Family histories and both active and inactive card files are maintained for all the recipients. Each family is provided with an identification card and an authorization form which permits them to delegate someone else to pick up their food if they are unable to do so. The two-page issue and receipt form must be completed by the staff and signed by the family each time commodities are received.

The inventory sheet indicates at any given time the exact amount of each food item on hand. At the end of each month reports are completed for the USDA office in Dallas and the Division of Food Programs in Topeka.

Since September a Neighborhood Youth Corps worker has been assisting with routine preparation of commodities for distribution and also in preparing the issue and receipt forms. She prepares approximately 50% of all commodities distributed and completes about 75% of the issue and receipt forms. This frees the Health Educator to spend more time with families and results in much more personal and beneficial service to the families with whom we are working.

To a greater or lesser degree the Supplemental Food Program does help to satisfy the nutritional needs of some families. There are many needy families who do not qualify for the Supplemental Food Program because there are no children or because the children are six years of age or older, or because they are not migrants or seasonal farm workers. Some families are helped by the Food Stamp Program or the USDA Commodity Food Distribution Program administered by the County Welfare Offices, whichever is available in their county.

Emergency Food money was available through the Kansas Council of Agricultural Workers and Low-Income Families, but the funds are exhausted at present. The Council expects to receive more EFMS money in the future. Meanwhile, they have established Council Food Banks in Garden City, Ulysses, Goodland, and Leoti. Contributions of cash and non-perishable food are made to the banks. This in turn is given to families in emergency situations.

Approximately 20% of all households in the United States subsist on poor diets according to standards established by USDA. Statistics also reveal that the worst health and nutrition conditions exist among migrant farm laborers. There are still 26 million Americans living at or below federally-defined poverty levels and who, therefore, cannot afford to purchase an adequate diet. More than 43% of them receive no help whatever from any federal food program. Among the migrant and former migrant families served by our Supplemental Food Program 83% are not receiving any other form of food assistance. Thus, if it were not for our Supplemental Food Program, only 17% of these nutritionally needy families would be receiving help from any federal food program. There are many reasons for lack of participation in the Food Stamp and Commodity Distribution Programs. The chief reason among our families for not purchasing Food Stamps is that they simply cannot afford them. Sometimes the family is lacking in knowledge about the programs and how to apply for them.

The above simple cold facts among others demonstrate the serious insufficiency of the federal food programs. What we are really considering is hunger and its debilitating effects on human personality, growth, and development, considerations deserving the highest priority in a civilized nation.

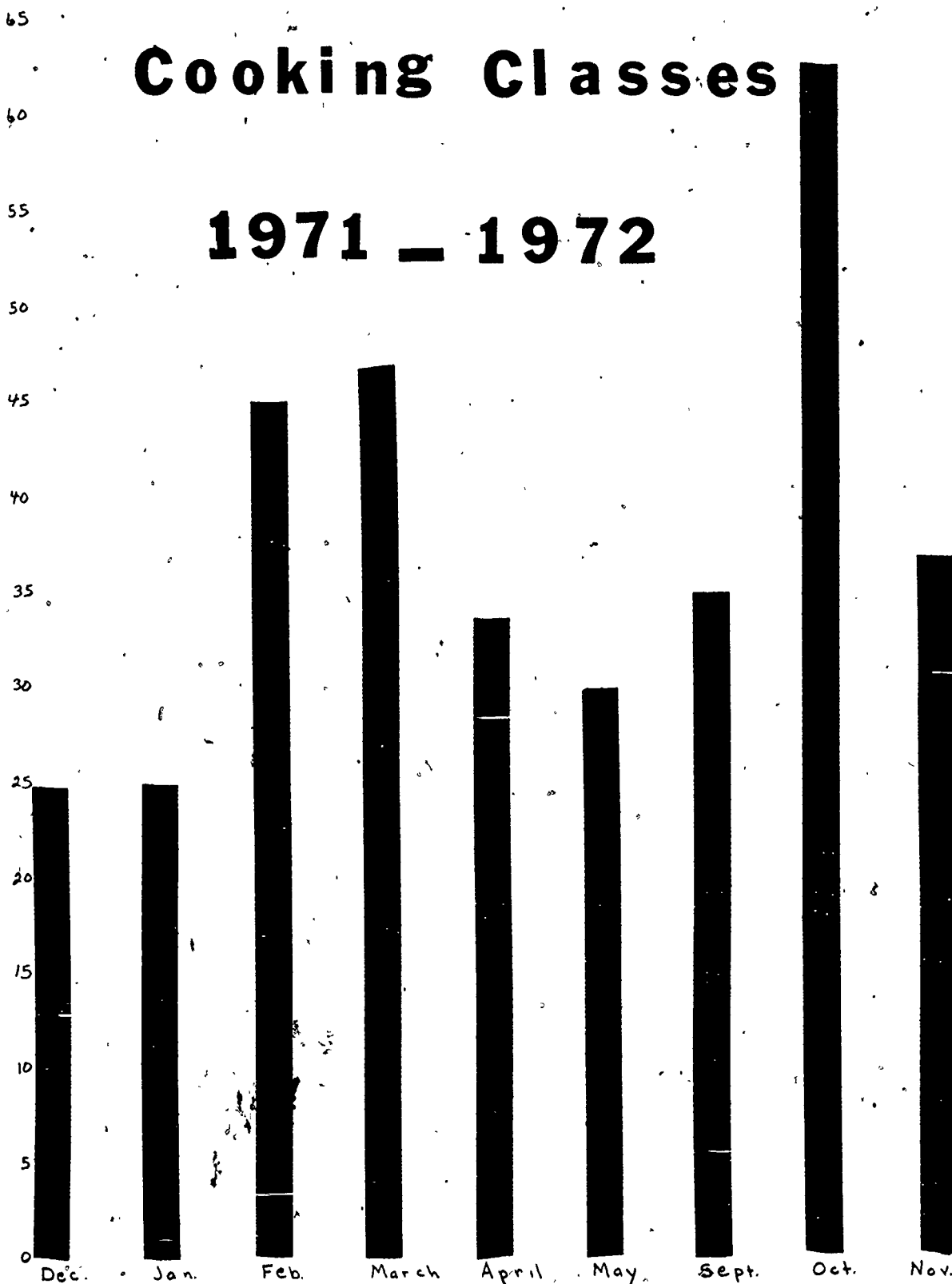
MONTHLY ALLOTMENTS OF SUPPLEMENTAL FOODS

	<u>Infants</u> <u>0-6 months</u>	<u>Infants</u> <u>7-12 months</u>	<u>Children</u> <u>1-5 years</u>	<u>Women Prenatal and</u> <u>Postpartum</u>
1. Evaporated Milk	30	30	30 (1-2 Years) 10 (3-5 Years)	2
2. Instant Milk	-	-	0 (1-2 Years) 1 (3-5 Years)	1
3. Farina	3	3	3	1
4. Corn Syrup	3	3	-	-
5. Juice	1	2	3	3
6. Vegetable	-	-	4	7
7. Meat	-	-	1	1
8. Egg Mix	-	2	4	2
9. Peanut Butter	-	-	1 (Every 2 months)	1 (Every 2 months)

Total Attendance

Cooking Classes

1971 - 1972



X. COMMUNITY ACTION AND SUPPORT

Migrant Day Care Center Programs throughout the area this past year were very similar to the previous summer. Day care centers were operated in Goodland, Johnson, Leoti, Sublette, and Ulysses. The Goodland and Sublette Programs again provided nursery care for infants and toddlers up to age three. Since the Title I Program in Leoti did not include care for the preschoolers as it did in previous years, the community supported Happy Baby Center assumed the responsibility of care for these children in addition to continuing to care for the infants and toddlers. Johnson and Ulysses provided day care for infants, toddlers, and preschoolers as well as supervision and activities for the older children. The latter took the forms of the Recreation Program in Ulysses and Project Read and Arts and Crafts in Johnson.

These day care programs originating from within the communities and supported and staffed for the most part by the communities fill a sorely felt need for the children of the migrant workers and other field laborers. Several years ago before these programs came into existence the infants and small children spent many long, hot, summer days in cars, trucks or campers, in the dusty fields, in the ditches, or along the roads. They were usually without adequate care and supervision. Today many small migrant youngsters share in the benefits of good day care if their families are working in an area where these services are provided. Parents coming into the area expect to have child care facilities available; and if they have a choice of an area in which to work, they will choose an area which does have a day care program. Some families arrange their summer work schedule a year in advance in order to ensure that they will be located in an area planning to provide day care services the following summer.

The purposes, goals, and functioning of the various migrant day care centers throughout the area are strikingly similar. They attempt to meet the physical, emotional, mental, and educational needs of the children. Providing nursery care for the infants and toddlers is the most expensive of the day care programs. This is due mainly to the high ratio of staff to child which must be maintained to ensure adequate care. All the centers provide nourishing food and opportunity for rest. The children are bathed daily, and clothing is provided when it is needed. The children profit from a balance of supervised free play and organized activities geared as much as possible to the age, interests, and abilities of each individual.

In Johnson and Ulysses the children of school age were able to participate in special programs designed with a double purpose in mind -- to provide both education and supervision. Johnson's Project Read provided both formal and informal instruction mainly in the areas of reading and language arts, but also included other areas such as: music, films, innovative and creative ideas, and

*p 44 nonreproducible
photo*

supervised play. Migrant children and slow readers were given a sense of self-worth by teenagers who were sincerely concerned with their progress. Likewise, teenage student teachers experienced a new sense of self-worth through contributing to the betterment of other kids. Many of the youngsters participating in Project Read in the morning also attended the afternoon Arts and Crafts Program. Their time and effort expended produced many dividends in sense of accomplishments and finished products.

Ulysses children of school age attended the Title I School if they were eligible. Due to newly enforced eligibility guidelines which qualify only children who have lived in the area one year or less (rather than five years), many Grant County children of recently settled migrant families were denied admittance to the Title I School. However, the community sponsored Recreation Program held in the afternoon was open to all school age children who could profit from this experience. The program included: arts and crafts, nutrition and cooking classes, gymnastics, wrestling, softball, swimming, folk dancing, field-trips, film strips, competitive recreational activities, and counseling. The program provided positive learning experiences in a non-stressful environment. Children came for enjoyment, and at the same time they learned principles of nutrition, art, sportsmanship, etc.

The combined programs served a total of nearly 500 youngsters. Although child care can not be evaluated merely in terms of numbers, this certainly is an indication of the scope of community programs designed to benefit children of migrants, former migrants, and other low-income families.

Financial support for these summer child care programs is derived mainly from three sources; payment by parents, donations from local organizations and individuals, and purchase of care money provided by the State Department of Social Welfare. Also, major donations from the Catholic Church included both volunteer staff comprised of ten Sisters Adorers of the Blood of Christ from Wichita, two Sisters of St. Dominic from Great Bend, and monetary assistance from the Catholic Diocese of Dodge City. All the centers charged parents a nominal fee varying from \$.25 to \$1.00 a day, and depending on the number of children in the family and the family's ability to pay. Purchase of care funds totaled \$7,788.00. This provided a very substantial boost to local funds, but the degree of success ultimately depends upon the interest, concern, and support of each local community. These communities are surely to be commended for their efforts and hard work without which these programs would be impossible.

Besides specific programs, sponsored by community organizations we would like to acknowledge the many donations of used clothing, furniture, baby bundles, handmade quilts, bedding, appliances, and toys which come flowing into the office in a never ending stream. The Garden City office maintains a clothing bank. Many items are distributed to families living in other parts of the Project area. Additionally, many groups and individuals make a special effort to provide migrant and other low-income families with Christmas baskets consisting of food and clothing and toys for the children. We are especially in debt to various Mennonite and WSCS groups throughout the area who have supplied us with a mountain of lovely quilts and baby bundles. Several groups have also sponsored Christmas parties

for migrant children. We are likewise in debt to several commercial drug companies who have supplied us with educational materials and supplies. Not the least of these is Ross Laboratories who has donated more than 100 cases of Similac and Isomil, (lactose free) formula in addition to piles of educational materials.



COMMUNITY SPONSORED DAY CARE PROGRAMS

Goodland Nursery Leoti Day Care Sublette Day Care Johnson Day Care Johnson Project Read Arts & Crafts Ulysses Nursery Ulysses Day Care Ulysses Recreation

Total Number Served	42	37	23	40	165	40	27	29	110
Largest Attendance	28	23	18	35	138	36	23	22	77
Average Daily Attendance	20	9	12	20	100	20	9	14	40
Age Group	0-3 yrs.	0-5 yrs.	0-2 yrs.	0-10 yrs.	4-16 yrs.	1-8 Grades	0-2 yrs.	3-5 yrs.	6-13 yrs.
Daily Hours of Operation	12 hrs.	12 hrs.	10 hrs.	10 hrs.	2 hrs.	2 hrs.	11½ hrs.	11 hrs.	4 hrs.
Length of Program	8 wks.	12 wks.	6 wks.	8 wks.	4 wks.	4 wks.	10 wks.	7 wks.	8 wks.
Sponsor	Migrant Day Care Nursery	Happy Baby Center	Haskell County Service, Inc.	Concerned Citizens, Inc.	Concerned Citizens, Inc.	Concerned Citizens, Inc.	Grant County Day Care Center Inc.	Grant County Day Care Center Inc.	Grant County Day Care Center Inc.

XI. HOBBIES OF THE PROJECT

Due to the fact that this section was inadvertently left out of the report last year and many persons received the report minus this section we are printing it essentially as it should have been. Our "hobbies" haven't changed much in a year.

Mention has been made throughout this report of the fact that one can not really separate health needs of the individual from his total needs and problems. Education, employment, health care, nutrition, housing, and other factors are all interrelated. Should one comino fall, (con permiso John Foster Dulles) the whole row will tumble.

So out of necessity, the Project has, over the years, found itself involved with many seemingly non-health problems which, in reality, can not be divorced from health needs at all.

Such problem areas include: applying for social security numbers and benefits; obtaining birth certificates; assistance with tax returns (Take note tax payers - migrants pay taxes too.); and assistance with welfare, Medicaid, and food stamp applications (Even the Project secretary is an expert at this.).

Coping with the system can be terribly complicated for the person who knows little English and has been duped out of an education by the system and lack of education of his parents. Thus, the individual who tries to comply with the everyday problems often makes serious errors, i.e., writing the mother's maiden name last as is done in Mexico, so that the mother's name instead of the father's or actual surname is recorded on employment records, social security cards, etc. Correcting such an error can be grossly complicated. Applying for a second social security card when the first is lost and so on, only yields a collection of different social security numbers and a jumbled mess when one attempts to apply for benefits. Another popular practice is when several friends or relatives may decide to use the same number. The interpretation here is often that one needs a social security number to apply for a job, and therefore, any one will do - sort of like guessing at the password. Many persons do not realize they are building an account for future benefits. Perhaps the most bizarre interpretation of the social security system was that several children used their mother's social security number so that her benefits would increase. When it was learned that this fantastic woman of 73 had earned \$25,000 during one calender year (Seemingly she had also held 12 jobs during that year, many simultaneously), monthly social security checks ceased coming. No one could understand why.

Passing a driver's exam has always been a problem for the person with a limited command of the English language and practically no reading ability, who had to pass a written exam in English. A year ago the Kansas Motor Vehicle Department finally took action on making Driver's Handbook and examinations available in Spanish. Genevieve Musquiz, Project Health Educator, translated much of this material. The Motor Vehicle Department's official policy had traditionally been, "this has never been a problem state wide", although

the law says nothing about an applicant being able to read, write, or understand English. The law's only concern has been that applicants be able to recognize signs and obey the rules of the road.

Since Genevieve has been with the Project longer than any other staff member, she has become the "consumer appointed expert" on dealing with the problems mentioned here. Some of the mix-ups and red-tape involved in sorting them out defy the imagination. She also spends a considerable amount of her free time assisting with visa problems and adult basic education.

Genevieve has over the years developed excellent rapport with individuals at several area radio stations. She, therefore, assumes responsibility for the southwest counties for taping announcements publicizing family clinics and spot announcements promoting basic health messages, such as the benefits of immunizations and other topics. Tom Woodward does the honors for the northwest counties. Clinics are also publicized by means of letters and pamphlets to growers.

Dealing with other problems such as finding employment, housing, transportation, clothing, and feeding the family are daily emergencies. Finding at least temporary solutions to these problems often involves other agencies, organizations, and individuals.

We would be amiss if we failed to note the excellent cooperation we receive from most welfare departments. Unfortunately, some of the smaller counties still persist in making peculiar interpretations of eligibility standards. However, cooperation is, in general, rather good.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED

April 1, 1973

PERIOD COVERED BY THIS REPORT

FROM

THROUGH

Dec. 1, 1971

Nov. 30, 1972

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE

Western Kansas Migrant Health Project

3. GRANTEE ORGANIZATION (Name & address)

Kansas State Dept. of Health
535 Kansas Avenue
Topeka, Kansas

2. GRANT NUMBER (Use number shown on the last Grant Award Notice)

07-H-000018-09-0-CS-H20-C-0

4. PROJECT DIRECTOR

Evalyn S. Gendel, M. D.

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	682	682	-
FEB.	669	642	27
MAR.	728	728	-
APRIL	826	815	11
MAY	3404	3404	-
JUNE	4958	4934	24
JULY	4952	4940	12
AUG.	3858	3858	-
SEPT.	2428	2395	33
OCT.	1992	1960	32
NOV.	1210	1204	6
DEC.	1071	1071	-

TOTAL

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	8-14	February	June
IN-MIGRANTS	12	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	42	21	21
UNDER 1 YEAR	3	2	1
1 - 4 YEARS	6	2	4
5 - 14 YEARS	12	4	8
15 - 44 YEARS	21	13	8
45 - 64 YEARS	-	-	-
65 AND OLDER	-	-	-
(2) IN-MIGRANTS:			
TOTAL	*5543	2702	2841
UNDER 1 YEAR	141	64	77
1 - 4 YEARS	417	200	217
5 - 14 YEARS	1034	471	563
15 - 44 YEARS	3719	1871	1848
45 - 64 YEARS	211	90	221
65 AND OLDER	211	6	15

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.

Project records, migrant school enrollment, day care center enrollment, sugar company records, crew leader records, seed company records, employment service records.

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.

Project records and above

*is higher than any given month because peak population occurred in different months in different counties.

NOTE: ESTIMATED NO. OF MIGRANTS WAS 6059.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	5	224
51 - 100 PERSONS	6	653
MORE THAN 100 PERSONS		
TOTAL*	11	877

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (PEAK)
Scattered Rural	228	1863
Urban	315	2815
TOTAL*	543	4678

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

7. MAP OF PROJECT AREA - Append map showing location of camps, roads, clinics, and other places important to project.

POPULATION AND HOUSING DATA
FOR Finney COUNTY.

GRANT NUMBER
07-H-000018-09-0-CS-H20-C-0

INSTRUCTIONS. Projects involving more than one county will complete continuation sheet (page J) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	68	68	N.A.
FEB.	68	68	"
MAR.	68	68	"
APRIL	89	89	"
MAY	340	340	"
JUNE	480	480	"
JULY	350	350	"
AUG.	280	280	"
SEPT.	250	250	"
OCT.	200	200	"
NOV.	100	100	"
DEC.	92	92	"
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS	N.A.	N.A.	N.A.
TOTAL	"	"	"
UNDER 1 YEAR	"	"	"
1 - 4 YEARS	"	"	"
5 - 14 YEARS	"	"	"
15 - 44 YEARS	"	"	"
45 - 64 YEARS	"	"	"
65 AND OLDER	"	"	"
(2) IN-MIGRANTS	480	246	234
TOTAL			
UNDER 1 YEAR	15	8	7
1 - 4 YEARS	24	10	14
5 - 14 YEARS	82	40	42
15 - 44 YEARS	334	180	154
45 - 64 YEARS	23	8	15
65 AND OLDER	2	-	2

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N. A.	N. A.	N. A.
IN-MIGRANTS	12	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	N. A.	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Scattered Rural	12	55
Urban	50	425
TOTAL*	62	480

*NOTE. The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

The map shows a section of the Garden City, Wisconsin area. It features a grid system with letters T, S, and U along the top and bottom edges, and numbers 1 through 36 along the left and right edges. Key landmarks include the intersection of US Highway 59 and US Highway 18, labeled 'GARDEN CITY WISCONSIN'. Other labels include 'SHERLOCK', 'PIERCEVILLE', 'VILLAGE', 'MERCERVILLE', 'ATCHENSON', 'HOLCOMB', 'GORDEN CITY', 'PARDY', 'RIVER', 'AIRPORT', and 'GC-1'. A large black circle is drawn around the intersection of US 59 and US 18.

Location Migrant Housing

★ Clinic

POPULATION AND HOUSING DATA
FOR Gray-Haskell COUNTY.

GRANT NUMBER

07-H-000016-09-0-CS-H 20 -C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	52	52	N. A.
FEB.	52	52	"
MAR.	61	61	"
APRIL	76	76	"
MAY	220	220	"
JUNE	355	355	"
JULY	240	240	"
AUG.	160	160	"
SEPT.	120	120	"
OCT.	94	94	"
NOV.	63	63	"
DEC.	53	53	"
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS	N. A.	N. A.	N. A.
TOTAL	"	"	"
UNDER 1 YEAR	"	"	"
1 - 4 YEARS	"	"	"
5 - 14 YEARS	"	"	"
15 - 44 YEARS	"	"	"
45 - 64 YEARS	"	"	"
65 AND OLDER	"	"	"
(2) IN-MIGRANTS:			
TOTAL	355	185	170
UNDER 1 YEAR	15	7	8
1 - 4 YEARS	35	16	19
5 - 14 YEARS	70	32	38
15 - 44 YEARS	220	120	100
45 - 64 YEARS	15	10	5
65 AND OLDER	-	-	-

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N. A.	N. A.	N. A.
IN-MIGRANTS	12	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

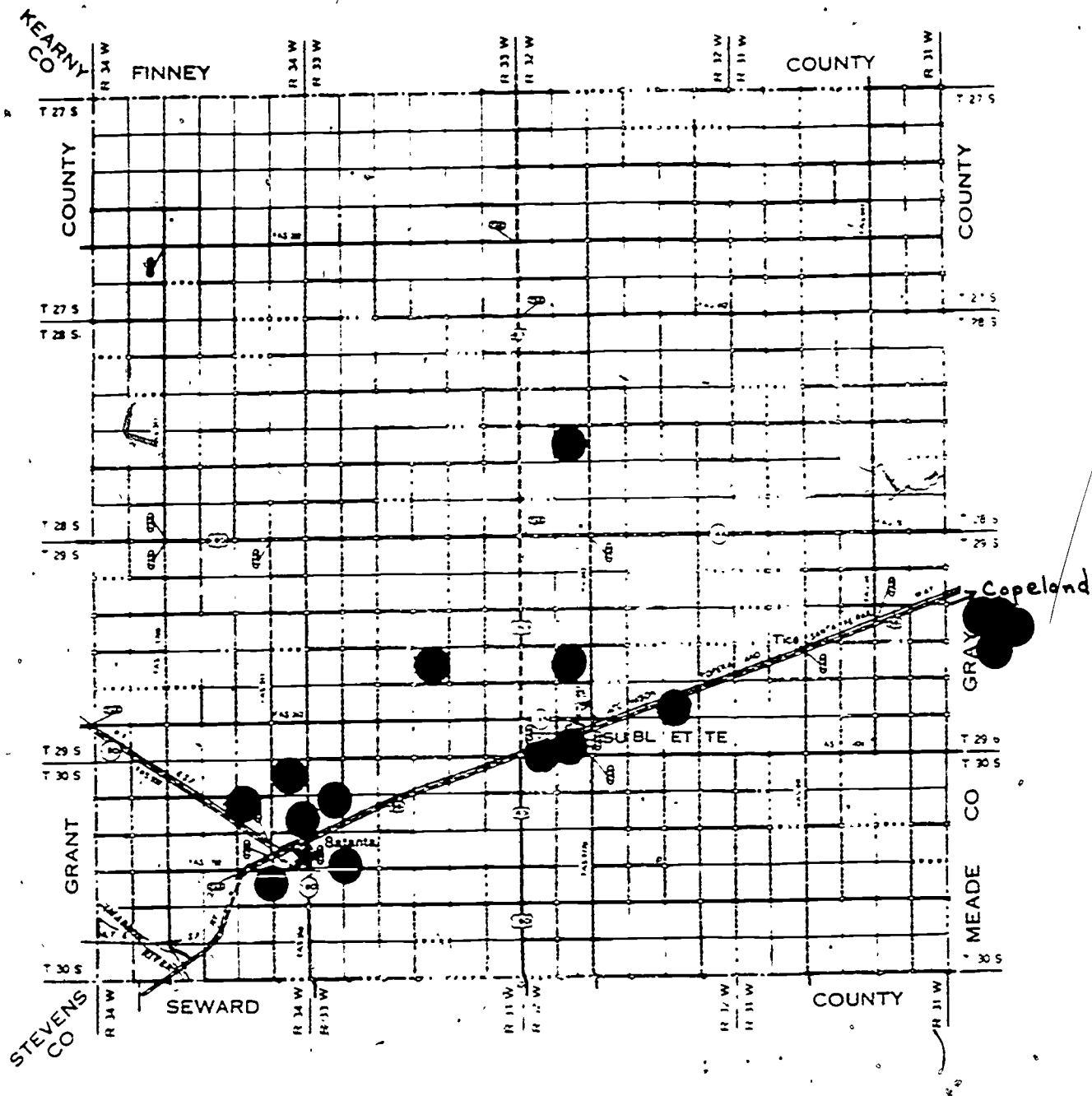
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	1	54
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	1	54

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	23	201
Urban	12	100
TOTAL*	35	301

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS



● Location Migrant Housing

★ Clinic

HASKELL COUNTY
KANSAS

POPULATION AND HOUSING DATA
FOR Grant COUNTY.

GRANT NUMBER
07-H-000018-09-0-CS-H20-C-0

INSTRUCTIONS. Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	207	207	N. A.
FEB.	208	208	"
MAR.	240	240	"
APRIL	280	280	"
MAY	590	590	"
JUNE	753	753	"
JULY	620	620	"
AUG.	560	560	"
SEPT.	540	540	"
OCT.	560	560	"
NOV.	430	430	"
DEC	302	302	"
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS.	N. A.	N. A.	N. A.
TOTAL	"	"	"
UNDER 1 YEAR	"	"	"
1 - 4 YEARS	"	"	"
5 - 14 YEARS	"	"	"
15 - 44 YEARS	"	"	"
45 - 64 YEARS	"	"	"
65 AND OLDER	"	"	"
(2) IN-MIGRANTS			
TOTAL	753	368	385
UNDER 1 YEAR	25	11	14
1 - 4 YEARS	60	28	32
5 - 14 YEARS	80	39	41
15 - 44 YEARS	539	270	269
45 - 64 YEARS	47	20	27
65 AND OLDER	2	-	2

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N. A.	N. A.	N. A.
IN-MIGRANTS	16	May	Sept.

6. HOUSING ACCOMMODATIONS

a. CAMPS

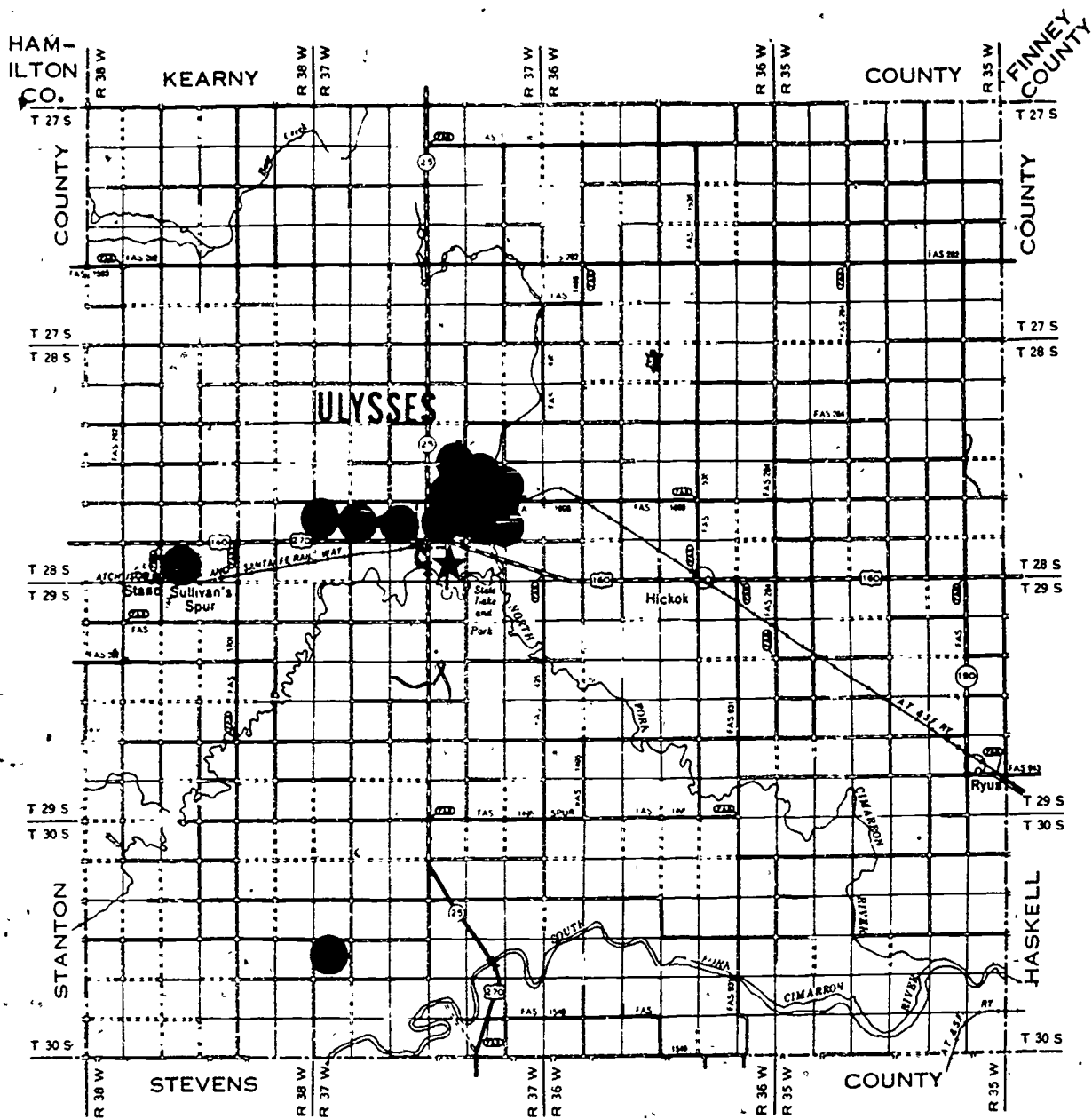
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS	1	0
MORE THAN 100 PERSONS	3	340
TOTAL*	4	340

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Urban	20	413
TOTAL*	20	413

*NOTE The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS



● Location Migrant Housing
 ★ Clinic

GRANT COUNTY
 KANSAS

1961



POPULATION AND HOUSING DATA
FOR Kearny COUNTY.

GRANT NUMBER

07-H-000018-09-0-CS-H 20-C-0

INSTRUCTIONS. Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	37	37	
FEB.	37	37	
MAR.	43	43	
APRIL	43	43	
MAY	410	410	
JUNE	503	503	
JULY	420	420	
AUG.	140	140	
SEPT.	94	94	
OCT.	94	94	
NOV.	100	100	
DEC.	74	74	
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS.	N. A.	N. A.	N. A.
TOTAL	"	"	"
UNDER 1 YEAR	"	"	"
1 - 4 YEARS	"	"	"
5 - 14 YEARS	"	"	"
15 - 44 YEARS	"	"	"
45 - 64 YEARS	"	"	"
65 AND OLDER	"	"	"
(2) IN-MIGRANTS.			
TOTAL	503	256	247
UNDER 1 YEAR	11	5	6
1 - 4 YEARS	52	25	27
5 - 14 YEARS	105	50	55
15 - 44 YEARS	299	160	139
45 - 64 YEARS	35	16	19
65 AND OLDER	1	-	1

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N. A.	N. A.	N. A.
IN-MIGRANTS	12	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

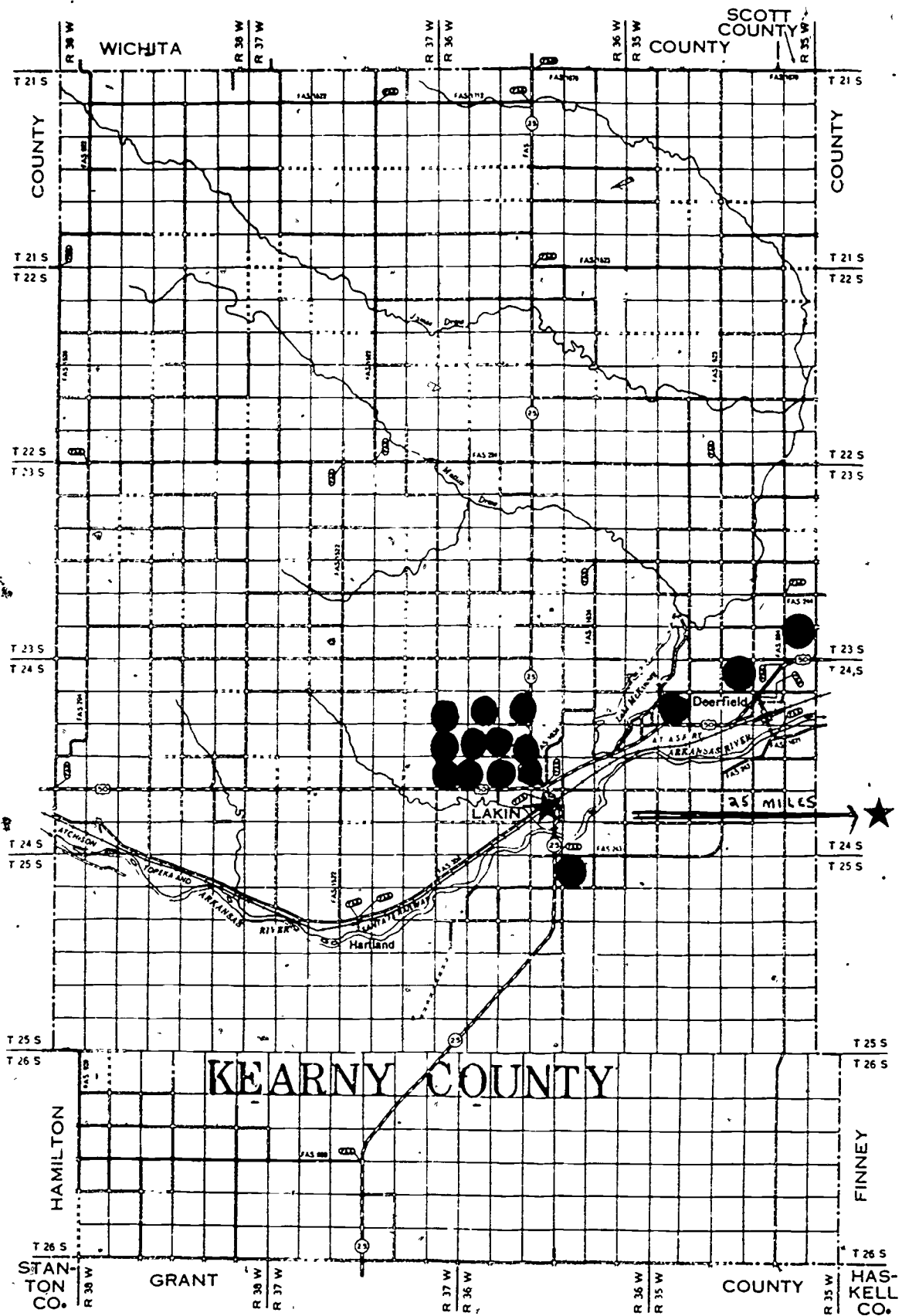
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS	2	110
MORE THAN 100 PERSONS		
TOTAL*	2	110

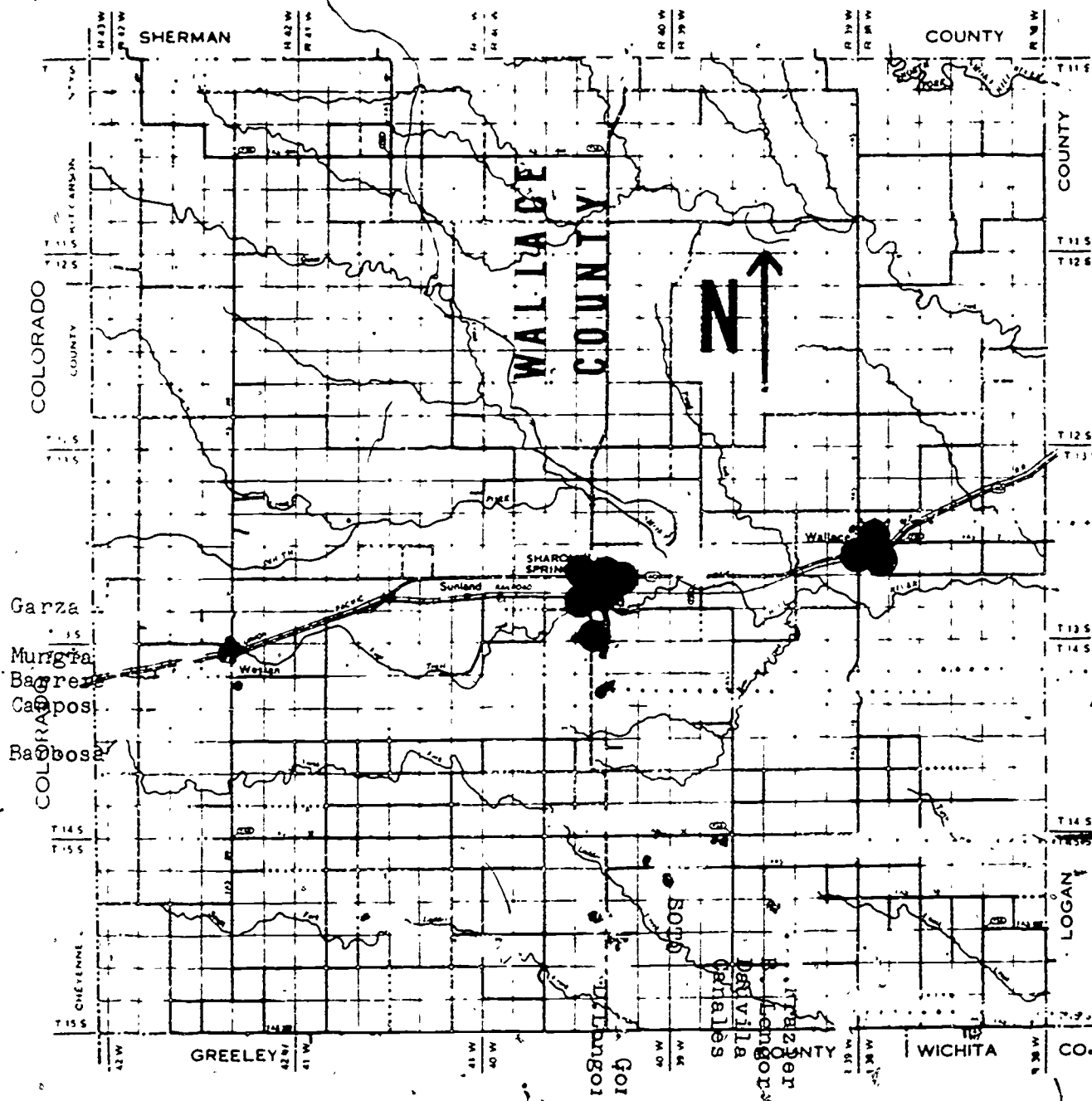
b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Urban	25	273
Scattered Rural	12	120
TOTAL*	37	393

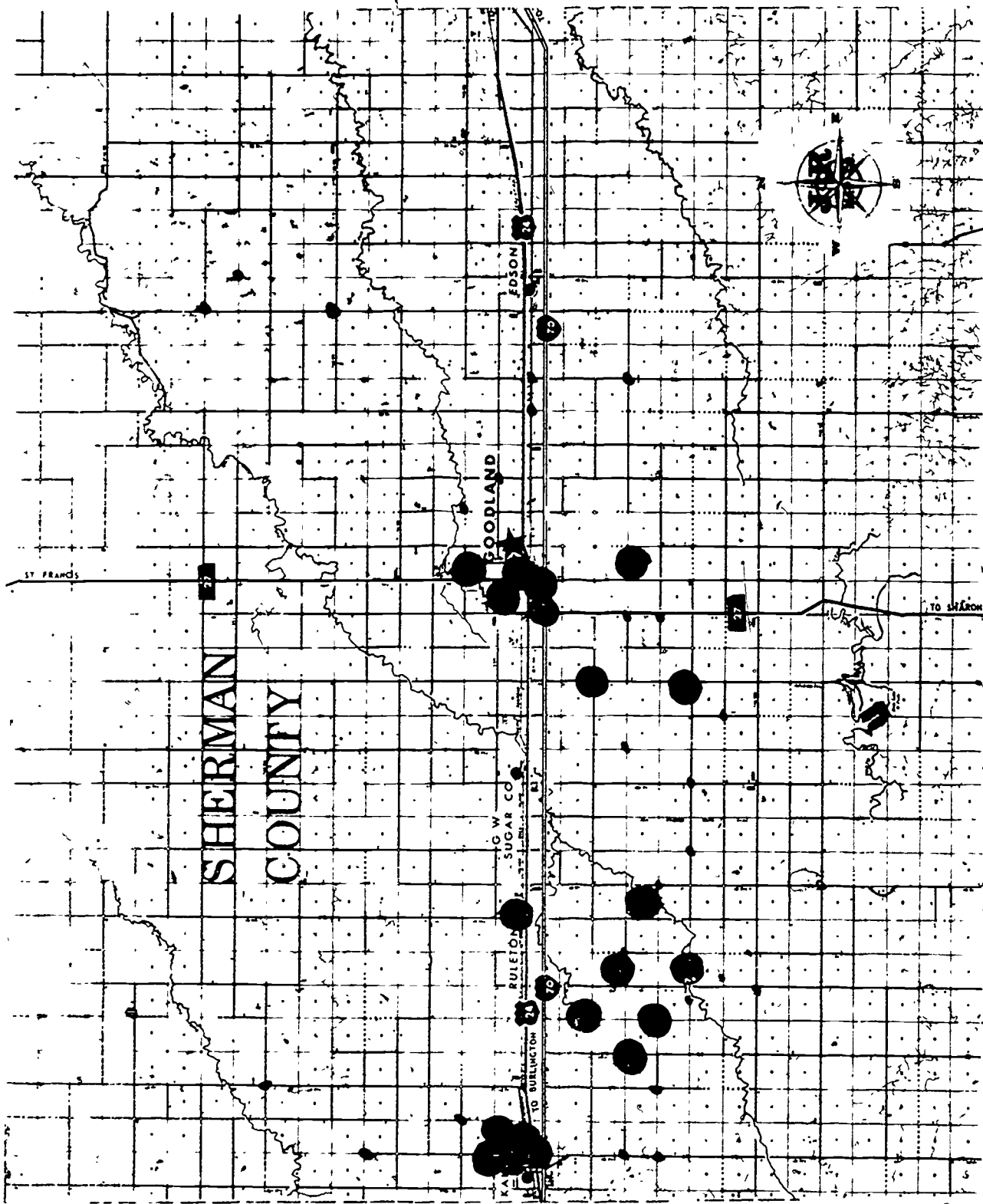
*NOTE. The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS





● Location Migrant Housing



● Location Migrant Housing ★ Clinic

POPULATION AND HOUSING DATA
Sherman, Cheyenne
 FOR Wallace COUNTY.

GRANT NUMBER

07-H-000018-09-0-CS-H-20-C-0

INSTRUCTIONS. Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	175	175	-
FEB.	161	134	27
MAR.	135	135	-
APRIL	129	118	11
MAY	1479	1479	-
JUNE	1925	1913	12
JULY	2432	2432	-
AUG.	2128	2128	-
SEPT.	1093	1060	33
OCT.	787	754	33
NOV.	349	346	3
DEC.	284	284	-
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	30	13	17
UNDER 1 YEAR	3	2	1
1 - 4 YEARS	6	2	4
5 - 14 YEARS	7	2	5
15 - 44 YEARS	14	7	7
45 - 64 YEARS	-	-	-
65 AND OLDER	-	-	-
(2) IN-MIGRANTS:			
TOTAL	2432	1146	1286
UNDER 1 YEAR	48	21	27
1 - 4 YEARS	151	73	78
5 - 14 YEARS	467	205	262
15 - 44 YEARS	1732	837	895
45 - 64 YEARS	21	4	17
65 AND OLDER	13	6	7

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14 weeks	February	June
IN-MIGRANTS	12 weeks	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

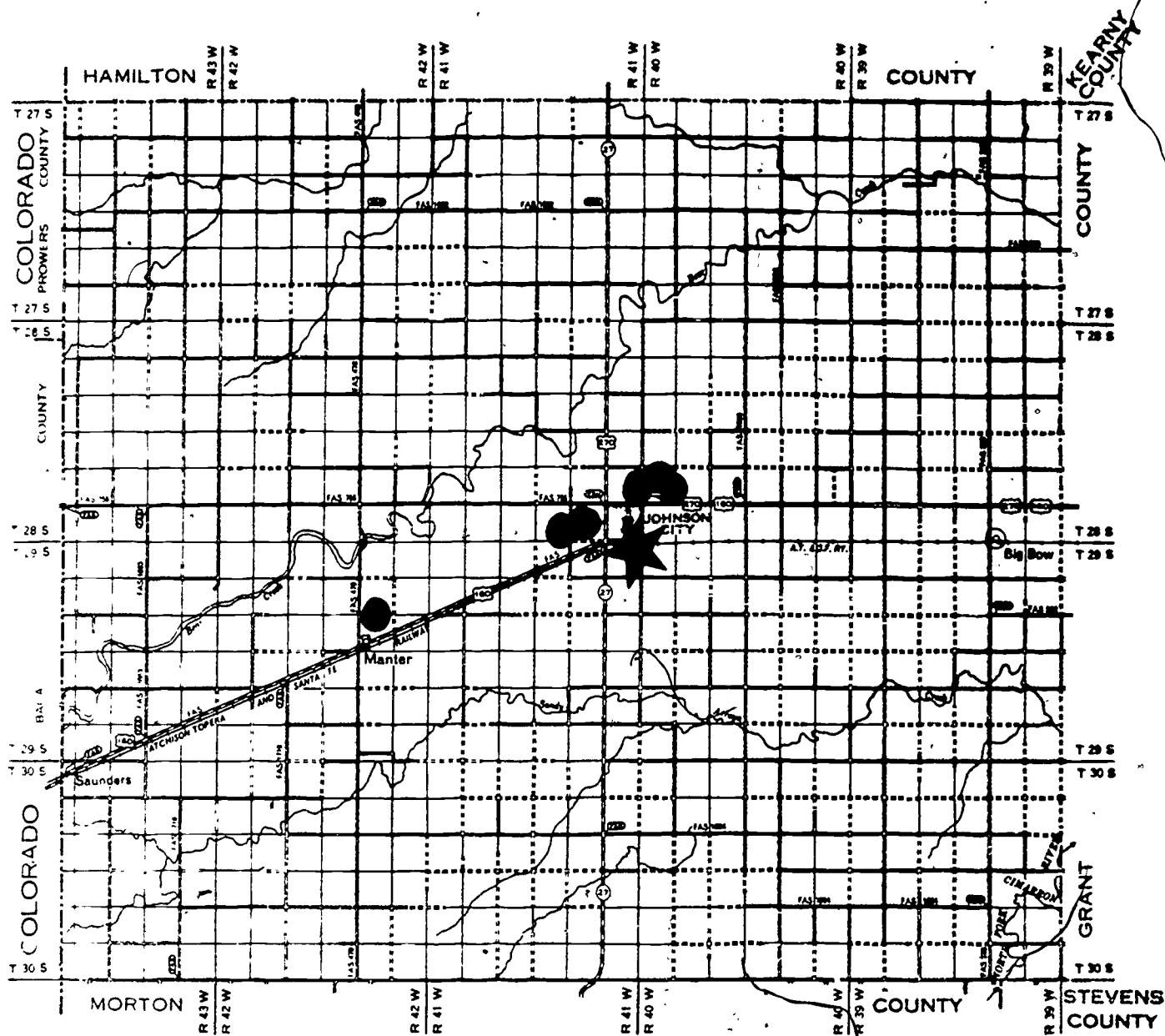
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	N.A.	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
<u>Rural</u>	169	1399
<u>Urban</u>	156	1033
TOTAL*	325	2432

*NOTE The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS



● Location Migrant Housing
 ★ Clinic

STANTON COUNTY
 KANSAS

POPULATION AND HOUSING DATA
FOR Stanton COUNTY.

GRANT NUMBER

07-H-000016-09-0-CS-H 20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	70	70	N. A.
FEB.	70	70	"
MAR.	80	80	"
APRIL	83	83	"
MAY	168	168	"
JUNE	552	552	"
JULY	410	410	"
AUG.	187	187	"
SEPT.	123	123	"
OCT.	141	141	"
NOV.	69	69	"
DEC.	69	69	"
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
	N. A.	N. A.	N. A.
(1) OUT-MIGRANTS:			
TOTAL	"	"	"
UNDER 1 YEAR	"	"	"
1 - 4 YEARS	"	"	"
5 - 14 YEARS	"	"	"
15 - 44 YEARS	"	"	"
45 - 64 YEARS	"	"	"
65 AND OLDER	"	"	"
(2) IN-MIGRANTS:			
TOTAL	552	272	280
UNDER 1 YEAR	10	4	6
1 - 4 YEARS	50	26	24
5 - 14 YEARS	130	60	70
15 - 44 YEARS	330	168	162
45 - 64 YEARS	30	14	16
65 AND OLDER	2	0	2

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
	N. A.	N. A.	N. A.
OUT-MIGRANTS			
IN-MIGRANTS	12	June	September

6. HOUSING ACCOMMODATIONS

a. CAMPS

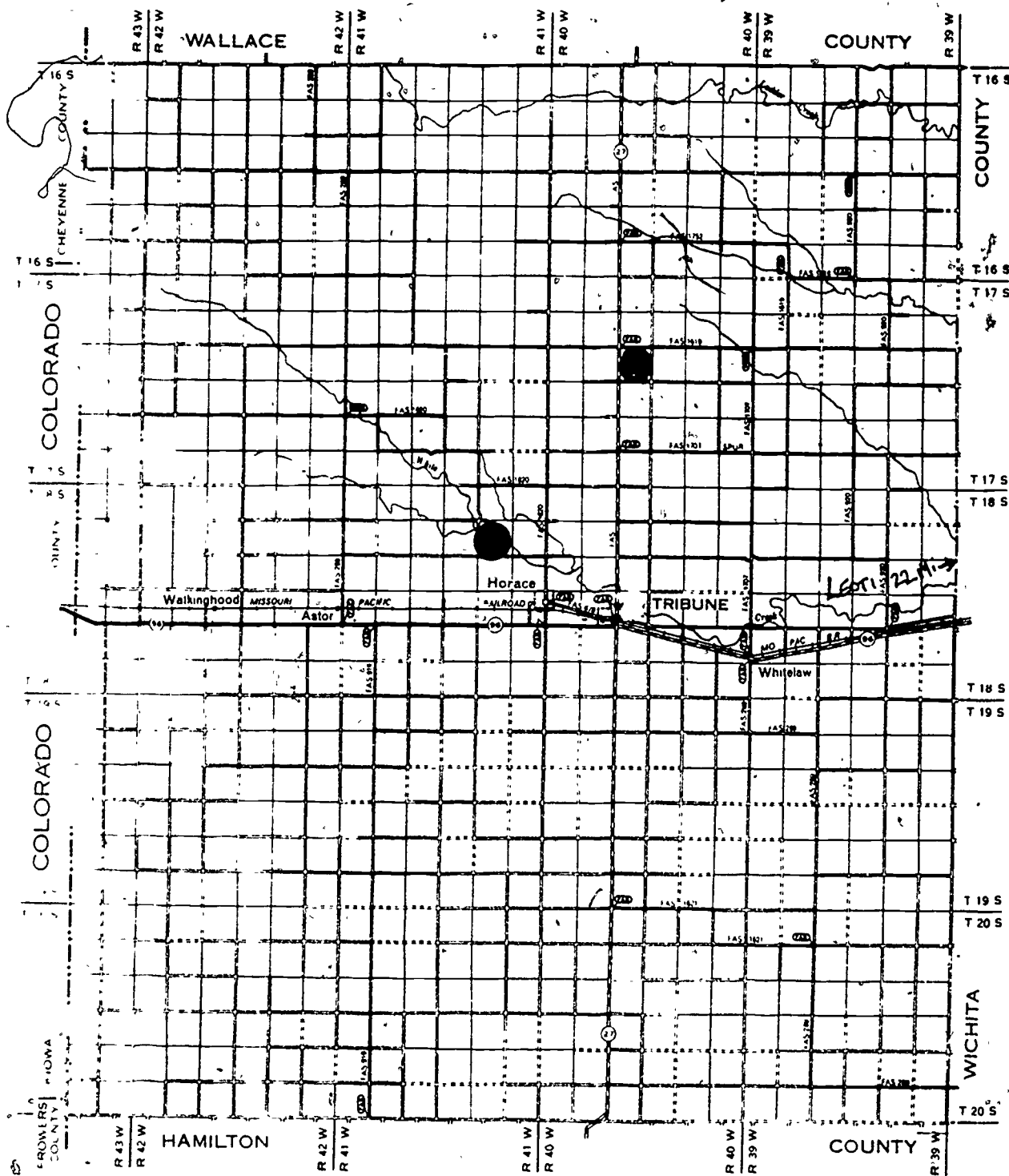
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS	1	203
MORE THAN 100 PERSONS		
TOTAL*	1	203

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Urban	21	317
Rural	5	32
TOTAL*	26	349

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

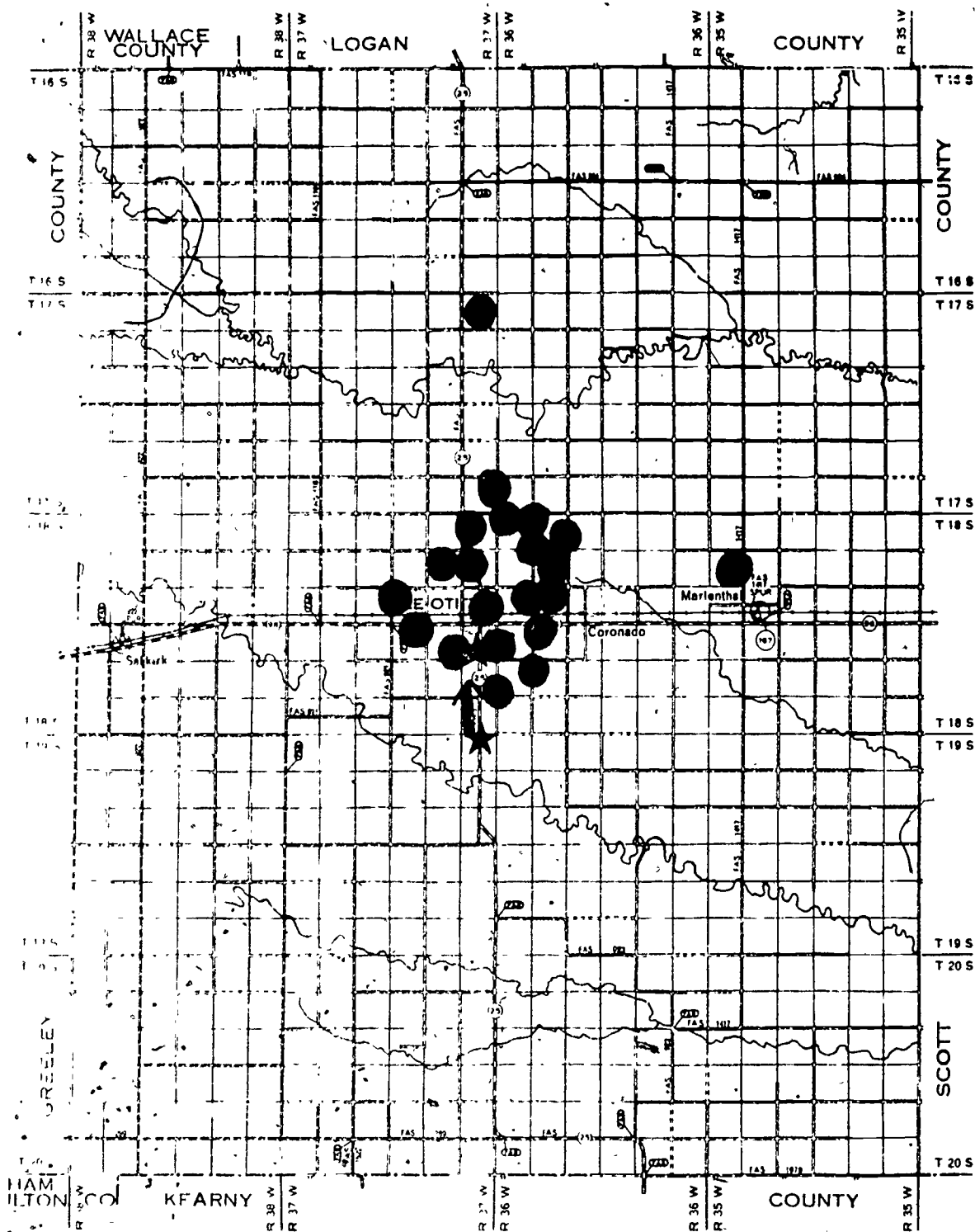
REMARKS



- Location Migrant Housing
- ★ Clinic

GREELEY COUNTY
KANSAS





● Location Migrant Housing.

★ Clinic

WICHITA COUNTY
KANSAS

1961

67

1969

SCALE

102

POPULATION AND HOUSING DATA
FOR Wichita
Greeley COUNTY.
Scott

GRANT NUMBER

07-H-000018-09-0-CS-H 20-C-0

INSTRUCTIONS Projects involving more than one county will complete a continuation sheet (page 1) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	73	73	-
FEB.	73	73	-
MAR.	101	101	-
APRIL	126	126	-
MAY	197	197	-
JUNE	390	378	12
JULY	480	468	12
AUG.	403	403	-
SEPT.	208	208	-
OCT.	117	117	-
NOV.	96	96	-
DEC.	97	97	-
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS.			
TOTAL	12	8	4
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS	5	2	3
15 - 44 YEARS	7	6	1
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS.			
TOTAL	468	229	239
UNDER 1 YEAR	17	8	9
1 - 4 YEARS	45	22	23
5 - 14 YEARS	100	45	55
15 - 44 YEARS	265	136	129
45 - 64 YEARS	40	18	22
65 AND OLDER	1	1	1

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	8	June	July
IN-MIGRANTS	14	May	September

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	3	170
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	3	170

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	7	56
Urban	31	254
TOTAL*	38	310

*NOTE. The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

GRANT NUMBER

07-H-000018-09-0 CS-H20-C-0

DATE SUBMITTED

April 14 1972

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL				155
UNDER 1 YEAR				393
1 - 4 YEARS				466
5 - 14 YEARS				377
15 - 44 YEARS				100
45 - 64 YEARS				
65 AND OLDER				

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 724

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 1214

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients (exclude newborn) 100

No. of Hospital Days 418.5

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED - TOTAL	629	616	13
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON		0.45	N.A.
def " " "		1.38	N.A.
b. INDIVIDUALS REQUIRING SERVICES - TOTAL	245	232	13
(1) CASES COMPLETED	220	212	8
(2) CASES PARTIALLY COMPLETED	19	14	5
(3) CASES NOT STARTED	6	6	
c. SERVICES PROVIDED - TOTAL	1363	1303	60
(1) PREVENTIVE	430	424	6
(2) CORRECTIVE - TOTAL			
(a) Extraction	149	136	13
(b) Other	784	743	41
d. PATIENT VISITS - TOTAL	279.5	255.5	24.0
	hrs.	hrs.	hrs.

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS BY AGE					IN-COMPLET SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	436	65	132	196	7	5	31
SMALLPOX	5				5		
DIPHTHERIA							
PERTUSSIS DPT	183	25	58	80		5	15
TETANUS							
POLIO	108	18	33	47			10
TYPHOID							
MEASLES	9	4	4	1			
OTHER (Specify) Rubella	14	4	10				
MR	11	4	5	2			
MMR	72	10	22	40			
REMARKS TD Adult	34			26	2		6

PART II (Continued) - 5 MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

GRANT NUMBER

07-H-000018-09-0 CS-H20-C-0

ICD CLASS	NH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
I.		Note: Because many patients were treated for more than one condition during one visit this no. is greater than total			
XVII.		TOTAL ALL CONDITIONS of out patient visits listed elsewhere	1823	1306	517
I.	01-	INFECTIVE AND PARASITIC DISEASES TOTAL	128	78	50
	010	TUBERCULOSIS	9	6	3
	011	SYPHILIS	3	2	1
	012	GONORRHEA AND OTHER VENEREAL DISEASES			
	013	INTESTINAL PARASITES	3	2	1
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	33	23	10
	015	All other			
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	9	6	3
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	45	26	19
	019	OTHER INFECTIVE DISEASES (Give examples):			
		Thrush	26	13	13
II.	02-	NEOPLASMS TOTAL	2	1	1
	020	MALIGNANT NEOPLASMS (give examples)			
		Cervix	2	1	1
	022	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES TOTAL	69	39	30
	030	DISEASES OF THYROID GLAND	3	1	2
	031	DIABETES MELLITUS	29	15	14
	032	DISEASES of Other Endocrine Glands	9	6	3
	033	NUTRITIONAL DEFICIENCY	4	3	1
	034	OBESITY	24	14	10
	039	OTHER CONDITIONS			
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS TOTAL	46	24	22
	040	IRON DEFICIENCY ANEMIA	41	21	20
	049	OTHER CONDITIONS			
		Rectal bleeding	2	1	1
		Epitaxis	3	2	1
V.	05-	MENTAL DISORDERS TOTAL	44	34	10
	050	PSYCHOSES			
	051	NEUROSES and Personality Disorders	31	25	6
	052	ALCOHOLISM	11	8	3
	053	MENTAL RETARDATION	2	1	1
	059	OTHER CONDITIONS			
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	119	78	41
	060	PERIPHERAL NEURITIS			
	061	EPILEPSY	5	4	1
	062	CONJUNCTIVITIS and other Eye Infections	27	22	5
	063	REFRACTIVE ERRORS of Vision			
	064	OTITIS MEDIA	87	52	35
	069	OTHER CONDITIONS			

PART II - 5. (Continued)

GRANT NUMBER

07-H-000018-09-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	<u>DISEASES OF THE CIRCULATORY SYSTEM TOTAL</u>	67	49	18
	070	RHEUMATIC FEVER	6	3	3
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease			
	072	CEREBROVASCULAR DISEASE (Stroke)	15	10	5
	073	OTHER DISEASES of the Heart	6	6	
	074	HYPERTENSION	26	22	4
	075	VARICOSE VEINS			
	079	OTHER CONDITIONS	14	8	6
VIII.	08-	<u>DISEASES OF THE RESPIRATORY SYSTEM TOTAL</u>	522	368	154
	080	ACUTE NASOPHARYNGITIS (Common Cold)	109	79	30
	081	ACUTE PHARYNGITIS	62	46	16
	082	TONSILLITIS	72	48	24
	083	BRONCHITIS	105	82	23
	084	TRACHEITIS/LARYNGITIS	77	51	26
	085	INFLUENZA			
	086	PNEUMONIA	46	33	13
	087	ASTHMA, HAY FEVER	15	6	9
	088	CHRONIC LUNG DISEASE (Emphysema)	36	23	13
	089	OTHER CONDITIONS			
IX.	09-	<u>DISEASES OF THE DIGESTIVE SYSTEM. TOTAL</u>	95	63	32
	090	CARIES and Other Dental Problems			
	091	PEPTIC ULCER	3	2	1
	092	APPENDICITIS	18	10	8
	093	HEKRIA	65	45	2
	094	CHOLECYSTIC DISEASE	65	45	20
	099	OTHER CONDITIONS			
X.	10-	<u>DISEASES OF THE GENITOURINARY SYSTEM TOTAL</u>	126	95	31
	100	URINARY TRACT INFECTION (Pylonephritis, Cystitis)	78	70	8
	101	DISEASES OF PROSTATE GLAND (excluding Catcinoma)			
	102	OTHER DISEASES of Male Genital Organs	4	2	2
	103	DISORDERS of Menstruation	21	10	11
	104	MENOPAUSAL SYMPTOMS	18	10	8
	105	OTHER DISEASES of Female Genital Organs	5	3	2
	109	OTHER CONDITIONS			
XI.	11-	<u>COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL</u>	184	145	39
	110	INFECTIONS of Genitourinary Tract during Pregnancy	72	61	11
	111	TOXEMIAS of Pregnancy	4	2	2
	112	SPONTANEOUS ABORTION	15	9	6
	113	REFERRED FOR DELIVERY	60	50	10
	114	COMPLICATIONS of the Puerperium	33	23	10
	119	OTHER CONDITIONS			
XII.	12-	<u>DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL</u>	180	132	48
	120	SOFT TISSUE ABSCESS OR CELLULITIS	12	6	6
	121	IMPETIGO OR OTHER PYODERMA	85	70	15
	122	SEBORRHEIC DERMATITIS	25	15	10
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	12	10	2
	124	ACNE	35	25	10
	129	OTHER CONDITIONS	5	3	2
		Hives	6	3	3
		Warts			
		Ringworms			

PART II - 5. (Continued)

GRANT NUMBER

07-H-000018-09-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	<u>DISEASES OF THE MUSCULOSKELETAL SYSTEM AND</u>			
		<u>CONNECTIVE TISSUE TOTAL</u>	97	84	13
	130	RHEUMATOID ARTHRITIS	90	80	10
	131	OSTEOARTHRITIS			
	132	ARTHRITIS, Unspecified	7	4	3
	139	OTHER CONDITIONS			
XIV	14-	<u>CONGENITAL ANOMALIES TOTAL</u>	2	1	1
	140	CONGENITAL ANOMALIES of Circulatory System	2	1	1
	149	OTHER CONDITIONS			
XV	15-	<u>CERTAIN CAUSES OF PERINATAL MORBIDITY AND</u>			
		<u>MORTALITY TOTAL</u>			
	150	BIRTH INJURY			
	159	IMMATURITY			
	159	OTHER CONDITIONS			
XVI	16-	<u>SYMPTOMS AND ILL-DEFINED CONDITIONS TOTAL</u>	14	9	51
	160	SYMPTOMS OF SENILITY	3	2	1
	161	BACKACHE	6	4	2
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS			
	163	HEADACHE	5	3	2
	169	OTHER CONDITIONS			
XVII	17-	<u>ACCIDENTS, POISONINGS, AND VIOLENCE TOTAL</u>	128	106	22
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	93	82	11
	171	BURNS	2	1	1
	172	FRACTURES	33	23	10
	173	SPRAINS, STRAINS, DISLOCATIONS			
	174	POISON INGESTION			
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence			

			NUMBER OF INDIVIDUALS
6.	2-	<u>SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS TOTAL</u>	2865
	200	FAMILY PLANNING SERVICES	103
	201	WELL CHILD CARE	12
	202	PRENATAL CARE	87
	203	POSTPARTUM CARE	82
	204	TUBERCULOSIS Follow-up of inactive case	24
	205	MEDICAL AND SURGICAL AFTERCARE	4
	206	GENERAL PHYSICAL EXAMINATION	2
	207	PAPANICOLAOU SMEARS	447
	208	TUBERCULIN TESTING	38
	209	SEROLOGY SCREENING	471
	210	VISION SCREENING	26
	211	AUDITORY SCREENING	457
	212	SCREENING CHEST X-RAYS	430
	213	GENERAL HEALTH COUNSELLING	65
	219	OTHER SERVICES	150
		(Specify) Hgb Screening	264
		UA screening	203

PART III - NURSING SERVICE

GRANT NO.

07-H-000018-09-0 CS-H20-C-0

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS _____	25
b. NUMBER OF INDIVIDUALS SERVED - TOTAL _____	724
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS _____	1806
b. TOTAL HOUSEHOLDS SERVED _____	520
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS _____	1508
d. VISITS TO SCHOOLS, DAY CARE CENTERS _____	40
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS _____	820
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE TOTAL _____	291
(1) Within Area _____	245
(Total Completed _____)	19
(2) Out of Area _____	
(Total Completed _____)	
b. REFERRALS MADE FOR DENTAL CARE: TOTAL _____	21
(Total Completed _____)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL _____	
(Total Completed _____)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service) _____	142
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES _____	110
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL _____	305
(1) Number presenting health record _____	102
(2) Number given health record _____	151
4. OTHER ACTIVITIES (Specify): _____	

REMARKS

PART IV - SANITATION SERVICES

GRANT NUMBER

07-H-000018-09-0 CS-H20-C-0

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	12	84	N.A.	N.A.
OTHER LOCATIONS	170	1020	N.A.	N.A.
HOUSING UNITS - Family:				
IN CAMPS				
IN OTHER LOCATIONS				
HOUSING UNITS - Single				
IN CAMPS				
IN OTHER LOCATIONS	16	81	N.A.	N.A.

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

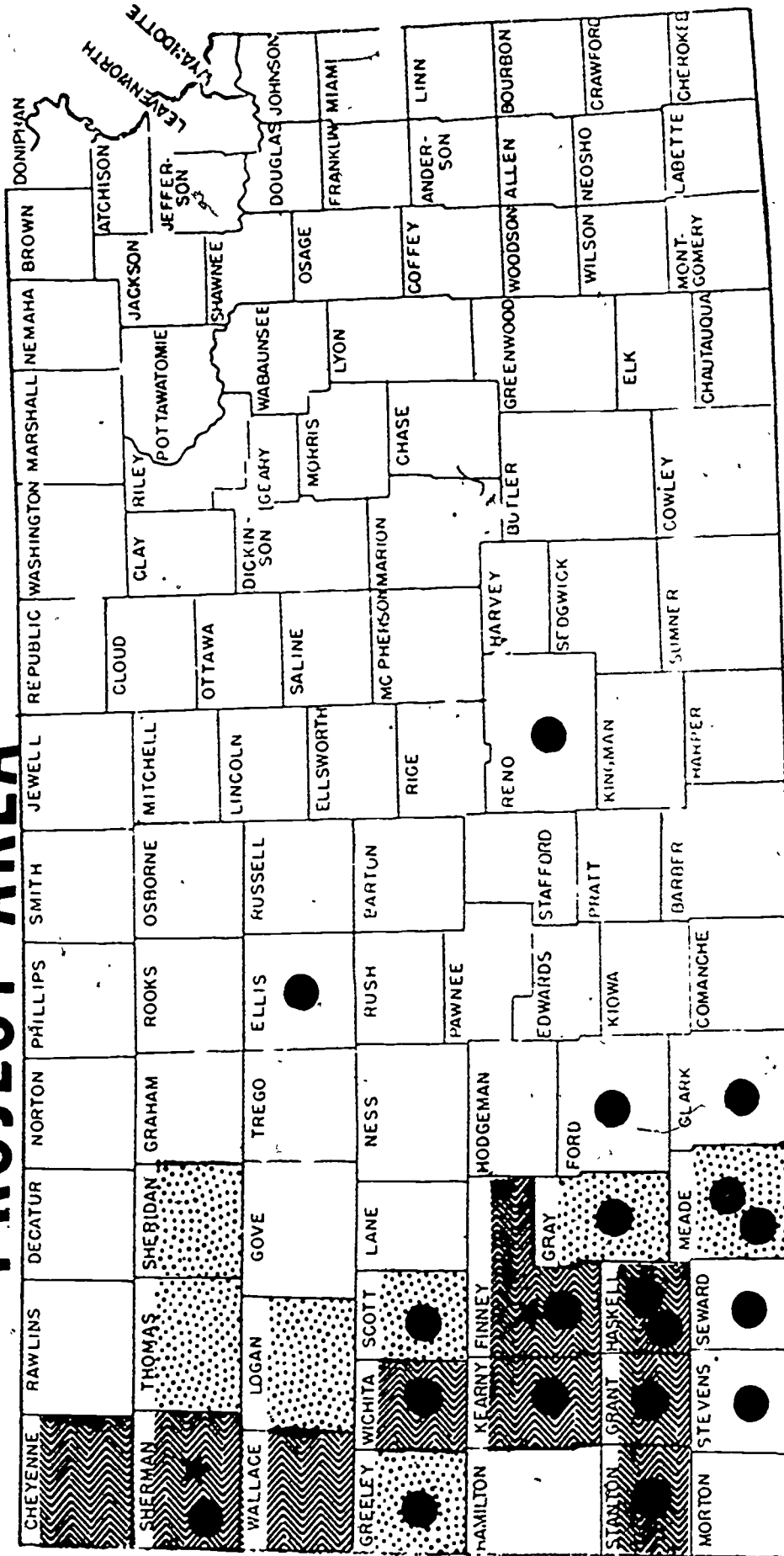
ITEM	NUMBER OF LOCATIONS INSPECTED*		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS FOUND		NUMBER OF CORRECTIONS MADE	
	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
LIVING ENVIRONMENT								
a. WATER	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
b. SEWAGE								
c. GARBAGE AND REFUSE	12	170	20	200	10	150	6	15
d. HOUSING	12	170	20	200	12	165	3	25
e. SAFETY	12	170						
f. FOOD HANDLING	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
g. INSECTS AND RODENTS	12	170	20	200	8	43	2	18
h. RECREATIONAL FACILITIES	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
WORKING ENVIRONMENT								
a. WATER	XXXX		XXXX		XXXX		XXXX	
b. TOILET FACILITIES	XXXX		XXXX		XXXX		XXXX	
c. OTHER	XXXX		XXXX		XXXX		XXXX	

*Locations - camps or other locations where migrants work or are housed.

PART V - HEALTH EDUCATION SERVICES (By type of service, personnel involved, and number of sessions.)

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS					
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES (other than Health Ed)	OTHER (Specify)
A. SERVICES TO MIGRANTS						Dentists
(1) Individual counselling	2842		1608	142		260
(2) Group counselling	270		36	56		4
B. SERVICES TO OTHER PROJECT STAFF						
(1) Consultation	6	84	10			32
(2) Direct services						
C. SERVICES TO GROWERS						
(1) Individual counselling	43		15	72		
(2) Group counselling		3				
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS						
(1) Consultation with individuals	410		14			
(2) Consultation with groups	43		10			
(3) Direct services	9		43			
E. HEALTH EDUCATION MEETINGS						
	50		12			

PROJECT AREA



Medical, Dental and Health Education Services

Services provided through adjacent Counties

● Hospitals having agreements with project

★ Project Office